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ABSTRACT

Designed to help the inactive registered nurse, the Federally funded refresher course, developed by the Arizona State Nurses' Association, focuses on the review and updating of nursing knowledge and skills. The course uses a self-instructional, individualized learning process that can be applicable to as few as one or two students. The curriculum consists of 16 basic instructional modules organized in three groups: introduction, nursing role, and patient care. Optional modules included are: team leadership, pediatric nursing, maternity nursing, and psychiatric nursing. Part 2 is designed for the instructor and includes information about instructor role, student characteristics, and preliminary module descriptions. Part 3 consists of the syllabus of modules which provides module objectives, experiences (classroom, laboratory, and library), and proficiency experiences (individual conferences with the instructor). Many of the modules include word lists for students to define; one module presents a case study, while another provides a chart of levels of behavior from prenatal to old age. The appendix includes a master list of instructional materials and examples of various forms, checklists, and guides. (EA)

ED 098376

A Refresher Course for Registered Nurses

A GUIDE FOR INSTRUCTORS AND STUDENTS

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Health Resources Administration
Bureau of Health Resources Development • Division of Nursing
Bethesda, Maryland 20014

This course was developed by the Arizona State Nurses' Association under Public Health Service contract NIH 70-4069 with the Division of Nursing, then of the Bureau of Health Manpower Education, National Institutes of Health, U.S. Department of Health, Education, and Welfare.

The Division of Nursing Project Officer was Margaret F. Sheehan, Supervisory Consulting Nurse.

DISCRIMINATION PROHIBITED--Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, this refresher course for registered nurses, like every program or activity receiving financial assistance from the Department of Health, Education, and Welfare, must be conducted in compliance with this law.

FOREWORD

The retraining and returning to the Nation's health care force of inactive registered nurses has prompted many varied and highly successful programs of the Division of Nursing over the past few years.

One recent effort with a significant record of achievement in updating professional nursing knowledge and skills has resulted in this publication, which presents a refresher course for inactive nurses developed by the Arizona State Nurses' Association under contract with the Division of Nursing.

We are especially pleased to be able to make this course available to inactive nurses, and to educational institutions and agencies which are interested in recruiting and retraining inactive nurses.

The course itself is designed to answer needs in isolated areas where formal courses are otherwise unobtainable; it accommodates the diverse backgrounds of many who seek refresher training. The individualized learning process is particularly stressed, and each nurse is permitted to proceed with a study program at her or his own pace.

Part I is introductory to the development and testing process of the curriculum. Part II explains the instructor's role and is a master guide to the modules of instruction. Part III contains the modules to be used by the returning nurse to review and update basic knowledge of nursing and new nursing techniques. The appendix offers a valuable guide to instructional materials and evaluation forms.

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Assistant Surgeon General
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Part I

INTRODUCTION

This refresher course has been developed to help the inactive registered nurse review and update her* nursing knowledge and skills so that she can move with confidence into a staff nurse orientation program and return to practice. The course is not intended to substitute for orientation to employment in a specific agency or institution or to take the place of an ongoing in-service or staff development program.

Background

A shortage of registered nurses developed during World War II and became more severe in the next two decades. In an effort to recruit additional staff, many hospitals offered refresher courses to inactive nurses. These nurses frequently received a stipend with the expectation that they would work for the sponsoring hospital following completion of the refresher course.

A 1965 amendment to the Manpower Development Training Act (MDTA) opened the way for the use of Federal funds to support nurse reactivation. More refresher courses were soon available and many professionally inactive nurses were offered the opportunity to update their skills and knowledge and return to practice. Curriculum, educational objectives, philosophy, and the proportion of theory to clinical practice differed widely from course to course.

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* Historically, nursing has been chosen as a profession primarily by women, and, since female nurses are the ones most likely to find their careers interrupted and to have a need for subsequent retraining, this curriculum uses the feminine referent throughout.

Concurrent with these developments, a broad expansion of facilities and courses offered by institutions of higher learning was taking place. Additional junior colleges and extension divisions of colleges and State universities were established in an effort to satisfy the increasing demand for adult education.

Members of the American Nurses' Association adopted the following resolution at their 1966 Biennial Convention: "Education for those who work in nursing should take place in institutions of learning within the general system of education." With this statement in mind, nurses involved in planning and teaching refresher courses began to work toward the goal of providing study in established educational facilities. Their objectives were twofold: to make refresher courses available in many communities on an ongoing basis and to insure that the courses provided a valid educational experience for the returning nurse.

The Students

Retraining courses had an extensive appeal among nurses. Widespread social changes such as the increasing divorce rate and the greater number of women who want to work outside the home partially accounted for interest in reactivation. Inflation or unemployment of family breadwinners induced many to resume active nursing. Some nurses renewed their careers when family commitments lessened as children matured. Others returned to active status simply because they were motivated by a dedication to a profession that has as an integral aspect the helping of other people. It seems reasonable to believe that refresher courses will continue to be in demand. As long as marriage and the family are the foundations of our society, nursing will remain an interrupted profession for many women.

Registered nurses who completed previous refresher courses were unusually heterogeneous in age, length of inactivity, educational background, type of work experience, learning style, and area of employment interest.

Reactivation Efforts

Many approaches to the reactivation process were developed and tested. Problems in planning courses were identified and solutions were sought, often from nurses enrolled in refresher courses. The nature of the prospective student, as well as a subject area that is undergoing constant and rapid technological change, raised some unique problems for course planners.

During the late sixties, as the number of refresher courses continued to increase, the problem of making some form of reactivation help available to one or two nurses in small and/or isolated communities grew. It was not economically feasible to assign an instructor to devote full time to a refresher course for one or two enrollees, for the bulk of that cost would eventually be added to the already skyrocketing cost of health care.

Because educators today frequently encounter groups composed of individuals with highly divergent characteristics, they are placing increasing emphasis on self-instructional and individualized approaches to learning. This approach facilitates development of a widely available and generally useful course of study.

During this same period, under a grant from the Division of Nursing, U.S. Public Health Service, the Arizona State University College of Nursing at Tempe was developing a program designed to consider the student's individuality by adapting the concept of "continuous progress." "The continuous progress curriculum (CPC) involves a sequential learning process which permits the student to progress according to her ability, provides materials and facilities for independent study, and gives her freedom to use her initiative in learning."*

Curriculum Development and Support

The concept of continuous progress curriculum provided the basis for the development of this individualized self-instructional curriculum for a registered nurse refresher course.

This present course was developed by the Arizona State Nurses' Association under a contract with the Division of Nursing, Bureau of Health Manpower Education, U.S. Public Health Service. Consultation was provided by instructors involved with CPC at the Arizona State University College of Nursing.

The course was funded by the Manpower Development Training Act, and was offered through Maricopa Technical College in Phoenix, Arizona. It was tested and revised in the field with 41 nurses enrolled in formal refresher courses offered through community colleges in Arizona.

St. Luke's Hospital Medical Center and its personnel provided the facilities for clinical experience for students. Additional experiences were provided by other facilities in the Phoenix area: The Visiting Nurse Association, Good Samaritan Hospital, the Maricopa County Health Department, and Maricopa County Hospital.

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* Corona, Dorothy F. "A Continuous Progress Curriculum in Nursing," Nursing Outlook, January 1970, pp. 46-48.

The Course of Study

This publication contains the curriculum for a registered nurse refresher course. Directions for instructors and students and suggestions for evaluation are included. The course, designed for use by as few as one or two students, employs a self-instructional, individualized learning process.

Objectives

The objectives of this refresher course* are:

(1) to assist the nurse in acquiring a greater knowledge of--

- selected medical and surgical conditions and therapies;
- current diagnostic and treatment measures;
- patient care needs and the scientific principles underlying the satisfaction of such needs;
- functions of a registered nurse in assessing a patient's needs and in planning individualized patient care;
- functions of the various members of the health care team in planning for total patient care; and
- current philosophy, objectives, and trends of medical and nursing programs.

(2) to enable her to improve her ability to--

- use previously acquired nursing skills confidently and safely;
- use newly acquired nursing skills confidently and safely; and

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* Adapted from Refresher Programs for Inactive Professional Nurses, A Guide for Developing Courses of Study. Public Health Service Publication No. 1611, Washington: U.S. Government Printing Office. April 1967. 50 pages.

- to motivate, guide, and assume responsibility for her own continuing professional education.

The Individualized Learning Process

The success of self-instructional, individualized learning demands careful preparation of both students and instructors. Most adult students will have to "unlearn" some attitudes and habits before they can function satisfactorily within this learning system. The predominant attitudes of adults toward group learning are nonresponsibility and passivity. Class activity, as they recall from childhood school experiences, consists of teacher lectures which are "returned" to the lecturer in periodic tests.

In this refresher course for registered nurses, the student structures her own learning goals based upon her individual needs, problems, and aspirations. The enrollee needs to understand that she may attain her individual goals at her own rate of speed and that her progress is in no way contingent upon that of the other members of the class; in fact, the "class" concept should be eliminated as soon as possible.

Returning nurses already have much of the vocabulary and many of the concepts essential to nursing practice. In addition, they have acquired individual concepts, attitudes, and experiences, the sharing of which can be mutually enriching for group members.

The course makes great demands on the student. She needs to be constantly aware of what she brings to the experience, what she is putting into and getting from it, and where she wants to be when she finishes the course. If she uses her instructor and this syllabus as intended, she will enter the course at her own level, will proceed at her own rate to brush up on what she has forgotten and to catch up on new developments in nursing, and, at the end, will feel prepared for orientation to the work she wants to do.

The individualized, self-instructional approach to learning also assumes an ability on the part of the instructor to think in terms of the individual learner. The instructor acts as planner, coordinator, discussion moderator, resource person, and friend of the student.

The instructor should allow time for both pre- and post-clinical conferences with students. Group discussions are invaluable as students learn from one another. Students quickly learn to limit presentations to a brief introduction of the patient and the plan for his nursing care. Patient and family reactions contribute to the learning experience for other students.

The instructor should make enrollees aware that the emphasis of the course is on progress at the individual's own level and speed. The retrainee assumes primary responsibility for her ultimate proficiency level. Nurses should understand that their education must continue on an individual basis even after the formal course work has been concluded. A desire for and habit of continuous personal upgrading of nursing skills and knowledge are important outcomes of this course of study.

Curriculum Content

This curriculum consists of 16 basic instructional modules designed to update a nurse on recent additions to nursing knowledge and to provide opportunities for sharpening old skills and learning new nursing techniques. The basic instructional modules are organized in three groups: Introduction, The Nursing Role, and Patient Care. In addition, four optional modules, devoted to specialized areas of nursing, are included.

Introductory Modules

The modules in this first group are:

#1. Getting Acquainted.

#2. Teaching-Learning.

#3. Trends and the Expanding Role of the Nurse.

#4. Legal Aspects.

#5. Economic Aspects.

These modules are designed to orient the registered nurse to current nursing practice. If she feels competent in any area, she can very quickly complete the Proficiency Assignment for that module and go on to the next one. The student has short daily conferences with the instructor to get acquainted, discuss her role as a learner, and obtain direction for her course.

The Nursing Role

The modules in the second group are:

#6. Aseptic Technique.

#7. Drug Administration.

#8. The Health Team.

#9. The Nursing Team.

#10. The Nursing Process.

These modules provide review, information, and experiences needed to form a foundation for pursuing the modules in the next group, on patient care. The retrainee will find that much of the material is familiar.

Patient Care

The modules in the third group are:

#11. Growth and Development.

#12. Psychosocial Adaptation and Personal Integration.

#13. Homeostasis.

#14. Nutrition and Elimination.

#15. Sensation, Perception, and Motion.

#16. Physical Adaptation and Altered Cellular Response.

These modules complete the basic refresher course and incorporate individual study and clinical experiences in the care of patients.

Optional Modules

Nurses enrolled in previous refresher courses requested instruction in several specialized areas of nursing. These modules--optional portions of the course--are:

#01. Team Leadership.

#02. Pediatric Nursing.

#03. Maternity Nursing:

    Pregnancy.

    Labor and Delivery.

    Post-partum.

    The Baby.

#04. Psychiatric Nursing.

A student takes as much time as necessary to complete each of the basic and optional modules. The introductory modules are completed by most students during the first week; the nursing role modules during the second week or soon thereafter; and the patient care modules, and possibly some optional modules, during another 6 weeks.

Module Organization

Each module begins with a primary or overall objective for the unit. One or more sub-objectives divide the primary objective into specific

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attainments. Completion of the sub-objectives assures completion of the overall objective of each module.

Learning *experiences*, selected to help the nurse learn what she needs and wants to know, follow the sub-objectives. Each module contains classroom, laboratory, and library experiences.

Classroom activities include group discussions with other refresher course enrollees or discussions with the instructor alone. The retrainee may be asked to report on a reference she has read or on her nursing care plan for a particular patient. Occasionally, resource people will bring their specialty into the classroom setting.

Laboratory activities include audiovisual aids, handouts, references, and programmed instruction units. Valuable information in the form of "handouts" is frequently supplied with the modules, particularly when the material would not otherwise be readily available to the students. Pamphlets and small books too lengthy for inclusion in the module are made available by the instructor.

Articles and specific portions of books chosen to broaden the student's knowledge of the subject material of each module are referenced. *Those considered essential to module understanding are marked with an asterisk*. Although the student is not expected to read all references listed, she should read those that particularly interest her or offer information she desires.

Programmed instruction units have been unusually well-received by nurses in refresher courses. Available units are listed and should be pursued by the student whenever possible.

Laboratory activities also include the practicing of nursing procedures and techniques before the nurse gives direct patient care.

Many modules contain Word Lists. The words have been carefully selected to provide a basis of understanding for module learning. The retrainee should review the precise definition of words familiar to her and should obtain and record the meanings of unfamiliar words. Registered nurses who have taken this course found that the most helpful way to begin work on a new module is to become familiar with all the listed words. Discussing the words and their meanings with other nurses and/or the instructor may be helpful.

A Proficiency Assignment completes the basic module structure. It often includes a study guide that later serves as a nursing care plan for a patient care module. "Proficiency" is used to denote that the student has satisfactorily completed the module assignment. It does not imply that the student knows all there is to know about the subject or that she can now relax with the thought that she has completed her education in that area. It is the moral responsibility of each nurse to become acquainted with innovations in knowledge and technology as they are developed and put into practice.

Evaluation

In a course based on self-instructional techniques, most of the evaluation of progress is readily apparent to the student. Evaluation of a student's proficiency is undertaken jointly by the student and her instructor. The student should be aware at all times of her responsibility in the evaluation process. To provide the student with some guidelines for evaluation, a formal listing, titled "The Satisfactory Student Exhibits These Attitudes," is included in the beginning of Part III, The Syllabus.

Satisfactory completion of the course depends on satisfactory completion of all proficiency assignments. The student is evaluated not only on what she is able to learn, but also on how active she is in pursuing her own learning. Evaluation of nursing care plans for each patient should include consideration of adherence to the philosophy of nursing as stated in the objectives of the hospital department of nursing.

Tests and quizzes are included in the curriculum. They serve as learning tools and the basis for discussion. A sample "Performance Evaluation Form," for the instructor's use, is included in the Appendix. Performance in the course is graded as "Inadequate," "Satisfactory," or "Commendable." The use of specific letter grades for tests and quizzes and on evaluation forms serves no purpose in a refresher course and seems to be threatening to students. If the course is offered through an educational institution, however, a final course grade may be required.

Instructor evaluation of nursing care plans can be based on the following questions pertaining to student actions.

Identification of Problems

- Did identified patient problems reflect immediate nursing needs?
- Were needs for physical safety recognized?
- Were needs for emotional support recognized?
- Were needs to prevent complications recognized?
- Were needs to prevent disability recognized?
- Were needs for long-term planning recognized?
- Were family needs recognized?
- Did the identification of nursing problems reflect coordination with care plans of other members of the health team?

Nursing Actions

- Were appropriate nursing actions taken to meet each identified patient need?
- Were physician's orders carried out?
- Was priority given to immediate needs of patient?
- Did nursing actions reflect the involvement of patient and family?
- Did nursing actions help in meeting long-term needs?
- Were nursing actions modified or changed as a result of patient and family reaction?

Evaluation of Nursing Care Plans

- Did nursing actions meet identified needs?
- Did student evaluate nursing action taken, with both patient and family if possible?
- Were changes in nursing action made when indicated?
- Were there omissions in nursing care?
- Were the patient and his family satisfied with his nursing care?
- Did nursing actions reflect coordination with plans of other members of the health team?
- Does the student understand that assessment of nursing care is an on-going process?

Instructor Reference:

Carter, Joan; Hilliard, Mildred; Castles, Mary Reardon; Stoll, Leona D.; and Cowan, Anne. Standards of Nursing Care: A Guide for Evaluation, Springer Publishing Company, New York, 1972.

Preparation for Employment

Completion of the basic course prepares a nurse for entering an agency or hospital orientation program. Nurses seeking employment in a health facility other than a hospital or in one of the special hospital areas not covered in the basic course are advised to complete one or more of the optional modules.

The content and experiences necessary for highly specialized units such as coronary care or intensive care are beyond the scope of this curriculum. Most reactivated nurses currently working successfully in these units worked for a time at the staff level after completing refresher courses, and then obtained additional information and experience in courses designed to prepare practitioners for specialty units.

Part II

NOTES TO THE INSTRUCTOR

About the Instructor

Although this curriculum has been designed primarily as a self-help course for the returning nurse, an instructor is needed. Preferably, the instructor should have the educational qualifications for teaching, some experience in teaching nursing, and technical proficiency in the practice of nursing. Moreover, she should have a sincere interest in the student's reactivation.

Role

The role of the instructor--whether she is using this curriculum with only one nurse or with a class--includes being a resource person, a helper, and a friend to the returning nurse.

As a resource person, the instructor must not only provide ready information on any given subject, she must also serve as a guide, telling the student where to find information desired. As the student begins her clinical experience, the instructor must work closely with the student and really supervise her. Merely "being available" to the student does not constitute supervision of clinical experiences, which is a large part of the instructor's function.

As a helper, the instructor will make available--whenever possible--the materials and experiences the student requests; these will include audiovisual materials, printed references, and clinical practice.

As a friend, the instructor will be readily available to the student for counseling, guidance, and just plain listening. The student will be very dependent on the instructor as the course begins. Gently, surely, and sometimes without the student's knowledge, the instructor must, as the course progresses, make the student more and more responsible for her own actions as a nursing practitioner so that she will ultimately function independently. As a friend, the instructor will help the student become proficient and confident.

The instructor is the person who sets the stage for the student, but it is the student who must perform. Objectives, handouts, and references for each module have been developed to provide reorientation to nursing theory and skills, with specific learning experiences to be chosen by each student, with the instructor's guidance. The more the student assumes responsibility for her learning, the better the instructor will be able to fulfill her own role.

Functions

The instructor's specific functions at various stages are as follows.

Before the course begins, the instructor should:

- Review all the modules, along with the instructor notes.
- Provide for a clinical facility in which practical experiences will take place.
- Establish contact with the clinical facility's director of nursing, giving her a copy of this course of study and a tentative timetable.
- Explain to the director of nursing the objectives of the course and explore the philosophy of the facility's nursing service.
- Arrange for her own (the instructor's) orientation to the clinical facility and complete the Clinical Facility Checklist. (See Appendix, Section I.)

- Establish contact with the State board of nursing, securing approval (if required) for this refresher course, to assure that it will satisfy possible licensure requirements for prospective enrollees.
- Arrange for a briefing of those clinical personnel who will be directly concerned with the student.
- Investigate the library resources that the clinical facility and the community have to offer.
- Explore local agencies, such as the Cancer Society and the Heart Association, for instructional materials and speakers.
- Order all instructional materials for the course. (See Appendix, Section III, Master List.)
- Arrange for meeting rooms and all necessary audiovisual equipment.
- Identify possible resource people in case a difficult problem arises.
- Interview all enrollees. (See Appendix, Section II, Interview Guide.) The student may fill out the Interview Guide herself.

After the course begins, the instructor should:

- Submit to the State board of nursing (if required) a list of the names and addresses of the students.
- Establish a positive educational climate.
- Establish course precedents and routines.
- Review the syllabus with the students, explaining its proper use.
- Assist each student in establishing her educational goals. (In this connection, each student should complete the Self-Evaluation Guide, in Appendix, Section VI.)

- Discuss briefly, with the students, employment opportunities and limitations.

As the course progresses, the instructor should:

- Coordinate group learning experiences.
- Maintain class records, containing--among other things--a record of each student's completed assignments. (See Appendix, Section IV, Individual Record Form.) NOTE: Since most of the study is self-directed, the keeping of records becomes more than ordinarily complex. To meet each student's needs, it is necessary that the record of work completed and experiences still required be current at all times. Any deficiencies in clinical practice must be discussed with the student as soon as possible.
- Initiate and moderate discussions.
- Be aware that she is a role model for the student.
- Encourage the student to come to her with problems.
- Offer constructive criticism to the student privately.
- Recognize differences in temperament. NOTE: Moods range from pessimistic to optimistic. Optimism should always be reinforced.
- Recognize and deal with general behavioral patterns among the students. NOTE: The instructor should over-reinforce all accomplishments during at least one, and possibly two, periods of depression. The first will occur if the first section of modules is not completed rather quickly. The second may occur about midway through the course, when the full scope of today's nursing practice is comprehended. Toward the end of the course, apprehension about

employment tends to develop. Objective discussion and constant reassurance help to allay the fears the student feels.

- Recognize that the student may be apprehensive the first time she enters a clinical area for the first contact with a patient. NOTE: Pre-clinical conferences, readings, laboratory practice, and role-playing before an initial contact lessen apprehension.
- Modify the syllabus and instructional materials to facilitate the student's learning.
- Update materials, references, and audiovisuals.
- Help the student to learn at her own pace those things she must know to complete her program of studies.
- Establish contact and make preliminary arrangements with those people who can make experiences available to the student.
- Establish contact, in the student's behalf, with those organizations and agencies that have an interest in nurse reactivation, recruitment, education, and employment. The nurse should be encouraged to establish her own contact with community organizations.

As the course concludes, the instructor should:

- Discuss with students their employment opportunities and limitations, if any. NOTE: Since the instructor knows the student's capabilities, limitations, needs, and employment preferences, she may be able to guide the nurse into a situation that would prove beneficial to both her and an employer. The instructor might also know of other nurses who could serve as resource people for the student.
- With the help of the student, arrive at an evaluation of the student's overall performance. (See Appendix, Section V, Performance Evaluation Form.)

- Submit to the State board of nursing the required evaluation forms, signed by both the instructor and the student, on the last day of the course. NOTE: Some States may require that the responsible person of an educational facility also sign this terminal evaluation form.
- If the course is offered through an educational facility, submit all required forms and student grades to the proper administrative personnel.
- Discuss with clinical facility personnel any problems not resolved while the course was in progress. The instructor should request suggestions for future courses.

About the Student

Prerequisites

Prerequisites for a registered nurse seeking enrollment in a refresher course should be:

(1) A current license or permit to practice as a registered nurse in the State in which the refresher course is to be given; and

(2) Liability insurance.

If the nurse does not hold a current license, she should be referred directly to the State board of nursing for information and application forms for licensure. Liability insurance and liability status should be discussed with the clinical agency in which she will receive experience. If it is a school offering the refresher course, the school's procedure for obtaining liability insurance coverage for students of nursing should be explained and followed.

Pre-entrance Interviews

Experience with refresher courses has demonstrated the desirability of pre-entrance interviews. They give the instructor an opportunity to become acquainted with the prospective student and her needs. An Interview Form, to be filled out by the student, has proved helpful. (See sample form in the Appendix, Section II.)

Pre-entrance interviews also permit the students to become acquainted with the instructor; this provides some measure of security for the students as they enter the refresher course.

Occasionally a nurse who is nearing retirement age wishes to reactivate her career. She needs to be informed at the time of her interview that she may not be able to find employment because of her age. In such cases it is

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helpful if the instructor has explored employment possibilities in the community and is able to lend the nurse some guidance. In general, age does not seem to be an important criterion in predicting success in reactivation.

There is also the possibility that a refresher course is not what the nurse needs. In that case, the instructor will advise her about how she might proceed to find what she is seeking.

Characteristics of the Students

Studies of nurses who enrolled since 1967 in refresher courses in Arizona show that the average nurse desiring to reactivate is a female graduate from a 3-year hospital program. She is about 45 years old, married, and has been inactive in nursing for approximately 12 years. (Some of the Arizona enrollees had never been inactive; they were in the refresher course because they wished to change from one area of nursing to another or simply increase their knowledge.)

Each nurse in the refresher course enters with her own unique background based on her basic training, her length of service, her breadth of experience, and her own limitations in the time and energy she is able to devote to studying because of her age, home responsibilities, and health status. She is further individualized not only by her work preference but also by what employment the community has to offer when she completes her course.

The maturity that the nurse brings to this course and to subsequent employment is an asset. This same maturity, however, may make her unusually apprehensive. She is more aware of the many ramifications and responsibilities of nursing practice than is the average basic student. The returning nurse has probably read many articles on innovations in the health care field. If she has been active in community affairs, she is certainly conscious of widespread social changes. At the same time, she is wondering about changes in nursing practice and whether she will again be able to function as a safe practitioner.

An awareness that she has been "out of circulation" for some time often generates a feeling of insecurity that can seriously limit her performance until she regains the self-confidence she once had and sees herself and her situation objectively. If she can meet and talk with nurses who have successfully reactivated their nursing careers, she will probably be encouraged in her efforts to become an active practitioner again.

Wearing a uniform for the first time in many years may be exciting and somewhat frightening. The student is much more comfortable wearing street clothes for at least the first few days of the course. This gives the instructor a chance to answer simple questions about things that are often taken for granted; e.g., "Do I need a cap?" "Do nurses wear pant suits?" "Do I have to wear white stockings?" Each bit of information the instructor can supply adds to the student's feeling of security and tends to lessen her apprehension.

Time Schedules

Although some nurses may be eager to progress in this course as rapidly as possible, the average enrollee should not be required to spend 8 hours a day, 5 days a week at the beginning of her retraining. Her home responsibilities, her span of attention, and the possibility that she may not have worked outside her own home for years make such an approach inadvisable. The instructor will find that as the retrainee gains competence and confidence, she may request clinical experience for a full 8-hour shift. She may also request placement into the evening or night shift if that is what she intends to work. If at all possible, such experiences under supervision should be arranged for her.

For the first week or two, the instructor should schedule the students' time for them. Ordinarily the adjustment to this self-instructional, individualized approach to learning is not rapid. As one nurse said, "At first I didn't know enough to know what I didn't know!" As the enrollees accumulate successful experiences, they will gradually become more and more self-directional. The instructor must allow for individual differences in adapting to new concepts; she must also keep in mind that a few students will need guidance and structured experiences throughout the entire course.

Learning Environment

It is important that the student's learning environment be a positive one. Attitudes with which the nurse is greeted, both during a refresher course and in subsequent employment, must be receptive, helpful, and friendly. The nursing staff must be oriented to the course content and to the needs of the student. It is best that during the course she wear a name pin identifying her as a retrainee. Easy identification will save her from being asked inadvertently, by health personnel who are not aware of her status, to do something in an emergency that she is unprepared and unauthorized to do.

Although early experience with patients builds her self-confidence, the returning nurse's first contact with patients should be on a limited basis and concerned with only simple tasks. Soon she will find that her basic skills return rather quickly. This proves to her that she has not forgotten everything, and provides reinforcement and motivation in continuing her efforts toward reactivation.

It is important that the student have as many positive experiences as possible. The units in which clinical experience is provided should be relatively stable. Units that have frequent personnel changes or in which staff members are in constant disagreement confuse the returning nurse. She has enough to learn without trying to cope with interpersonal relationship problems that existed before she appeared and that may be compounded by her presence.

It is understood that not every registered nurse will want to work as a staff nurse on a medical-surgical unit of a general hospital or on the day shift, which is the setting of this basic refresher course. The emphasis of the course, however, is not on the environment where nursing care is given—though this will admittedly influence her learning experiences. The emphasis is, rather, on how each nurse gives nursing care to each "whole person" who becomes her patient. The nurse will learn in the situation where she finds herself, and with those persons who happen to be patients while the course is in progress. The process of planning and implementing nursing care, with which the student will develop safety and proficiency in this setting with these patients, can be applied in other settings with other patients.

A short discussion on staffing problems in providing patient care on the evening and night shifts and on weekends will alert the returning nurse that she must come to grips with these problems in the light of her own personal preferences.

If the retrainee plans to work as other than a staff nurse, in other than a general hospital, or on other than a day shift, the instructor will place her where she can develop the security she needs for the kind of imployment she wants. Or if the retrainee would like to embark on another educational experience, the instructor will help her find the educational opportunities available to her.

The days in which a nurse had nothing to say about where she was placed within a health facility are passing rapidly. Returning nurses are both amazed and delighted to learn that they may say, "I am not prepared or qualified to be a team leader or a head nurse or to take charge of a unit without further study, preparation, and orientation." Accepting a position beyond her capability simply invites failure in reactivation and may be a traumatic experience for both the returning nurse and the hiring facility.

If the instructor encounters problems with a student after the course has begun and feels incompetent to cope with the situation, she should seek counsel. The State board of nursing has been very helpful in such matters, but counseling may also be available through a school or clinical facility.

Employment

The retrainee should be encouraged to seek employment. She can be safely assured that health agencies have learned that nurses returning to practice have proved to be stable, mature, and valuable employees.

If the nurse decides not to seek employment, she may wish to volunteer for service in her community. In any case, she should be encouraged to become involved in helping to solve current problems in the delivery of health care. Many community organizations would welcome the expertise she can provide.

About the Modules

Getting Acquainted (Module #1)

On the first day of her refresher course the nurse is excited but apprehensive. She has become acquainted with her instructor while being interviewed and is happy to see a familiar face. Becoming acquainted with other refresher nurses as the day begins serves further to alleviate her anxiety. If she happens to be the only one in the course, it would be helpful if she could meet and talk with other nurses who have previously reactivated their careers. If none is available, it becomes the responsibility of the instructor to make the student feel welcome. The instructor should be friendly, interested, and hospitable. She should begin the day by telling something about herself; e.g., where and when she graduated from her basic course in nursing and possibly a few personal items, if she chooses, such as whether or not she is married, the number of children she has, and a little of her experience in nursing.

The instructor's introduction of herself will set the stage for each student to follow and introduce herself. The student may tell how many years she has been inactive, and why she wants to return to nursing. She should be allowed to tell only as much or as little as she wants to on this first day.

Following introductions, the instructor may talk for a while, informally, on general information about the refresher course. She will find that the time will soon become a question-and-answer period.

It is helpful if a discussion on approximate time sequences is included. Ordinarily, students should plan to complete the first five curriculum modules during the first week and Modules #6 through #10 during the second week. Clinical experience may be deferred to the second week or introduced toward the end of the first week. Nurses enrolled in refresher courses have recommended that the completion of a Nursing History (sample form in Appendix, Section VIII) is the best activity for a first patient contact.

The instructor should stress that students will be allowed personal time off for only valid reasons, and should explain what reasons are considered valid.

Much of the material for this discussion period can be drawn from the Clinical Facility Checklist (in Appendix) that was used for securing information on the clinical facility. A formal tour of the entire facility is not recommended for the first day. This has proved to be overwhelming and confusing unless the facility is small.

The director of nursing should be asked to introduce herself and visit briefly. The administrator may also be willing to say a few words of welcome. No more than two or three people should be introduced to the class, or to an individual student, on the first day; again, she is easily overwhelmed by too much material or too many people too soon.

The instructor should provide the student with a copy of this book and allow time for briefly reviewing it. She may suggest that the student read through the Introduction and the first two or three modules only, for the following day.

Time should be spent presenting and discussing various aspects of the communication process. If possible, a film should be provided. "Nurse Patient Interaction" from Concept Media*, if available in your community, is excellent. Its cost, however, would probably be prohibitive for use exclusively in a refresher course. The instructor may want to make the book, Communication in Nursing*, by Thora Kron, available to students for reference. The following questions may be useful in provoking a discussion of the communication process:

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* See Appendix, Section III, for complete reference.

1. How does the "transmitter" know that the "receiver" has received the correct message?
2. How does the "receiver" know that he has received the message intended?
3. What is a complete message?
4. How can we keep communication lines open?
5. What has gone wrong when the message received is not the message sent?

Suggested activities for the second day include: (1) discussion on handouts and references for the first modules, possibly allowing some time for reading references; (2) orientation to library facilities; and (3) individual activities of the nurse's own choosing during time allocated for that purpose. This will begin the process of helping her to be responsible for her own learning.

An "empty room" orientation should be provided sometime during the first week of the refresher course. The nurse who has been inactive in nursing for many years may find strange and new to her such things as electric beds and the hosptital's system for supplying patients with fresh water, intercommunication systems, lights, and TV controls. She may want to practice using new types of equipment or making an empty hospital bed. If arrangements can be made, it would be helpful for her to spend time in a Central Supply Room becoming oriented to new equipment and supplies.

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* See Appendix, Section III, for complete reference.

Instructor References:

Rubin, Floreene; Allan, Janet D.; Leak, Allison G. "The Seminar Process - An Aid to Learning," Nursing Outlook, January, 1971, pp. 37-39.

Staab, Mary Ann. "Reclaim Those Lost Nurses!" Nursing Outlook, June, 1970, pp. 52-53.

Teaching-Learning (Module #2)

This module continues the student's orientation to her refresher course.

Time should be allowed for a discussion period on each of the three module handouts. It is most important that clinical facility personnel be familiar with the "Guide to Independent Clinical Experience," listed in this module as a library handout. In general, group discussions on multiple references are most profitable when each student chooses and reports on a different reference, thus providing information from various sources.

Through individual contacts, the instructor should determine what the students' course goals are. What do they expect to learn in the course? This may change as they work through the curriculum, but the instructor's awareness of what the students are expecting will help her provide the experiences they need and want.

If there is only one student enrolled in a refresher course, the instructor must be responsible for providing whatever information is necessary beyond that which the student can acquire herself.

As the course begins, the establishment of a positive psychological atmosphere becomes of paramount importance. The student must understand the concept of the individualized, self-instructional process. This involves, above all, a willingness to assume personal responsibility for attaining her goals. It also involves an appreciation for the value of sharing with others discoveries made independently. Needless to say, a spirit of friendliness, mutual confidence, and openness is essential to a natural interchange of ideas. The skill of the instructor will be called upon constantly to help individual class members operate on their ability level and make useful contributions. Individuals who make worthwhile private comments to the instructor should be encouraged to share their thinking with the group; these comments can frequently stimulate excellent group discussion. On the other hand, students will sometimes introduce trivial or unrelated material that disturbs the learning process and diverts the class from the matter at hand. Such actions on the part of a learner usually indicate an unawareness of her responsibility as a group member or, perhaps, a feeling of insecurity. The instructor must guide such situations quickly and deftly so that group processes are not destroyed by a general drifting away from the focus of discussion.

In general, the instructor will do well to recognize that adult learners exhibit the following characteristics (this listing is not exhaustive):

1. The decision to return to school is not one that was made lightly, and the student is likely to be uncertain about her ability to achieve success academically. As a result, success, or the lack of it, assumes great importance.
2. The adult learner is likely to have many responsibilities that compete for her attention and limit the time she has available for education.
3. The adult learner is likely to be "set in her ways" -- to be rigid in her thinking and to resist new ideas that conflict with established convictions or behavior patterns.

4. The adult learner has less efficient senses and stimulus-reaction capabilities than a younger person, and therefore takes longer to learn new tasks.
5. The adult learner does not remember facts as easily as she did when she was younger.
6. The adult learner has more life experiences to which to relate new facts and experiences.
7. The adult learner usually has greater dedication to learning and fewer distractions that tend to diminish learning efficiency.

Trends and the Expanding Role of the Nurse (Module #3)

This module is interesting and exciting to the returning nurse. She is most often aware of widespread social changes, and pursues eagerly their impact on her profession. The extensive list of references provided in this module can help to update the student on new nursing roles and functions and technological discoveries. The instructor's role probably will involve helping the student to be realistic in the amount of time she spends on this module in relation to the entire curriculum.

This module is the first to contain a Word List. The assumption is that the nurse must know the terminology of the subject if she is to understand and discuss the concepts and skills introduced. In fact, the acquisition of appropriate terminology is a vital step in the self-instructional process. As the student works through the Word List, questions and discussion will be generated that may cover many topics. Work on the Word List should begin as soon as the module is introduced.

"A Programmed Course of Instruction: Diagnosis of Gonorrhea"* is of interest to many students because of current literature relating the increase of venereal disease today. The instructor may wish to make it available for reference.

Instructor Reference:

Shetland, Margaret L. "An Approach to Role Expansion - the Elaborate Network." American Journal of Public Health, October, 1971, pp. 1959-1963.

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* See Appendix, Section III.

Legal Aspects (Module #4)

Since it would be virtually impossible for a student to learn all of the many ramifications of legal aspects of nursing practice, the purpose of this module is to make the student aware of the subject, not to overwhelm and frighten her. If she is working alone, she should select only one topic for her proficiency assignment; other suggested topics may be covered in discussion. For group discussion, each student should be encouraged to select a different topic. Completion of the Word List will provide information needed to reach module objectives and also stimulate questions and discussion.

The State board of nursing of each State will supply copies of "Law Regulating the Practice of Nursing." Each student should receive a copy as a module handout.

As in the previous module, the instructor should obtain, or ask the student to request, the following from the State nurses' association, if they are available in her particular State:

1. Good Samaritan Law.
2. Battered Child Law.
3. Joint Statements:
    a. Administration of I.V. Fluids.
    b. Acute Cardiac Care.
    c. Blood Administration.

It is imperative that the instructor familiarize the students with "Incident Report" forms and procedures required by the clinical facility in which the student is working.

Two excellent films are available:

"Deposition: Just the Facts, Nurse."*

"The Nurse, the Physician, the Hospital, and the Law."*

As the student achieves the objectives of this module, it should be impressed upon her that there are constant and continuing changes in laws and their interpretation, and that every nurse needs to keep abreast of these changes and to practice nursing only with the security that liability insurance provides.

Should the instructor or a student be interested in additional information while discussing this module, an excellent programmed instruction unit by Eli Bernzweig, Nurses' Liability for Malpractice, is available from the McGraw-Hill Book Company. Also, The Nurse and the Law (written by Harvey Sarner and published by W. B. Saunders) has been highly recommended by nurses enrolled in refresher courses.

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* See Appendix, Section III.

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Economic Aspects (Module #5)

If a registered nurse has had little firsthand experience with hospital costs fairly recently, she may be incredulous throughout the time she is working on this module. Skyrocketing costs and charges, familiar to nurses in active practice, are overwhelming to returning nurses.

The instructor should arrange for a representative from the clinical facility's business office to come to a discussion period. He should be asked to choose one patient who has health care insurance and review this patient's hospital statement with the returning nurse. Much interest and many questions are generated by the presentation. This resource person also will be aware of the current status of national health legislation.

The instructor should make correctly completed sample requisitions available to the student in the educational laboratory in order to familiarize her with the system for requisitioning and discontinuing goods and services for patients.

Aseptic Technique (Module #6)

As in previous modules, students should begin by working through the Word List.

Familiarity with the clinical facility's procedures pertaining to aseptic technique, especially the procedures developed for isolation or protective care, should be gained through study and practice in the laboratory. Clinical practice in caring for a patient in isolation or reverse isolation is ideal later in the refresher course. If such an experience is not available, a discussion describing, analyzing, and evaluating the aseptic technique aspects of the care of any patient is helpful.

Although many films on this subject are available, refresher nurse students recommend "Hospital Sepsis"* as being particularly helpful.

"Programmed Instruction in Asepsis,"* from Arbrook, Inc., is an excellent learning tool for this module. The instructor may want to order one or two copies for reference purposes. Copies are available without charge on a limited basis.

Instructors have found that the handout, "Exercise To Improve Your Knowledge of Microbiological Principles,"* included in this module, is helpful for refresher course students when it is used as a basis for discussion. The key to the test follows.

Instructor Reference:

Isolation Techniques for Use in Hospitals. USPHS Publication #2054, Superintendent of Documents, 1970.

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* See Appendix, Section III.

Answer Key

Exercise To Improve Your Knowledge of Microbiological Principles (page 125)

Letters for correct responses are given.

1. b, c, d
2. a, b
3. a, b, c
4. a, c, d
5. a, c, d
6. a, e
7. b, c
8. a, d, e
9. b
10. a, c, d
11. b, c

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Drug Administration (Module #7)

As research in the prevention and treatment of illness through medication expands, new drugs are developed and used. Most nurses in refresher courses feel that satisfactory completion of this module on drug administration is basic to the entire series of modules on the role of the nurse in patient care.

The following sequence of study before the returning nurse actually administers medications has been beneficial. The instructor should:

1. Require that the student complete a programmed instruction text on drugs and solutions.
2. Give the student:
    a. "Information at a Glance,"* from Eli Lilly, and encourage her to carry it with her at all times. Refresher nurses have stressed the importance of the feeling of security that it provides.
    b. "How to Give an Intramuscular Injection"* from Pfizer.
3. Make available, if possible, a film on subcutaneous and intramuscular injections.
4. Allow her to become familiar with the following in the laboratory:
    a. Individual dosages, both oral and parenteral.
    b. The facility's procedure for administering medicines. If feasible, this material could be added to module handouts.
    c. Hospital formulary.
    d. Physician's Desk Reference.

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* See Appendix, Section III.

   e. Facility's procedure for reporting medication errors.
      (Are "time problems" considered a medication error?)
   f. Information flyers provided with medications.

Instruction in intravenous therapy needs to be stressed. The following sequence has proved helpful. The instructor should:

1. Give the student one of the following:
   a. "Intravenous Technique."*
   b. "Guide to Parenteral Fluid Therapy."*
   c. "I.V. Therapy."*
2. Show at least one of these films:
   a. "Intravenous Fluid Infusion—Basic Theory and Practice."*
   b. "Innovations of Transfusion Therapy."*
3. Allow her to become familiar with the following in the laboratory:
   a. Facility procedures for administering I.V. fluids.
   b. Administration sets and "sample" fluid bottles.
   c. Venipuncture on "I.V. arm," if available.
   d. Venipuncture if willing subject is available.
4. Require completion of the programmed instruction, "Intravenous Infusion of Vasopressors."*

The student should be supervised closely as she gives medications or starts an I.V. This is important because she is apprehensive and needs the instructor as much for support as for a resource person. She may satisfactorily complete this module and still not feel secure in administering medications until she has had the opportunity to practice again and again under supervision as she completes later modules. She should be made aware that it is impossible for any nurse, even one who gives medications constantly, to be familiar with all of them. The important fact for her to remember is that she must be familiar with the specific drug she is administering.

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* See Appendix, Section III.

Since the metric system is being used more and more frequently in both health facilities and current health literature, it may be well to make available the Metric Handbook for Hospitals."*

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* See Appendix, Section III.

The Health Team (Module #8)

This module is based upon the concept of a Health Team composed of various health practitioners working together to provide health care for an individual. A search for references led to the article by Dr. Ralph Eichenberger, "Total Health Care." Students should be encouraged to read this article, referenced in this module. Discussion of the health team will be lively and thought-provoking.

If a team approach to health care is operating successfully in the community where the course is being given, an observation experience for the returning nurse should be arranged.

Each clinical facility is likely to have its own printed "Clinical Procedures" document. It is important that copies be obtained and that the students study them carefully.

Instructor Reference:

George, Madelon; Kazuyoshi, Ide; and Vambery, Clara E. "The Comprehensive Health Team: A Conceptual Model." Journal of Nursing Administration, 1(2): 9-13. March-April 1971.

The Nursing Team (Module #9)

The length of time a student needs to complete this module will depend to a great extent on how long she has been inactive in nursing, and on whether or not she has ever worked where team nursing is used in the delivery of nursing care. Reaction of returning nurses has ranged from "What is it?" to "I used to be a team leader."

The objective of this module is to have the student assume the role of a team member on the nursing team. To fully utilize its resources she needs to know the functions of other team members. Reference reading will provide recommended functions and qualifications.

The instructor would do well to obtain a copy of "A Position Paper on Nursing Practice," by the American Nurses' Association (ANA), as a handout for this module. (Copies of the ANA paper may be available from the State nurses' association.) The student should be prepared for differences of opinion should the ANA position paper be discussed.

One experienced refresher course instructor suggested that the students' overall objective for this module should be, "To learn the ideal and to learn to deal with the real." This points out a very real problem for refresher nurses, a problem frequently present for many nurses who have never been inactive in nursing. How it is handled will depend on nursing service organization in your clinical facility. The organization should be discussed with refresher nurses before they need to cope with the "real."

Opinions differ as to the preparation needed for functioning as a team leader. If the only position open to the returning nurse is that of a team leader, she should be encouraged to complete the optional module on team leading; clinical experience must be provided for her. The student should realize that she will need a thorough orientation as she begins employment as a team leader, and that successful performance requires continuing education.

The film, "Mrs. Reynolds Needs a Nurse,"* from the American Journal of Nursing Company, is helpful when used as a basis of discussion for this module.

Instructor References:

Bermosk, Loretta Sue. "Interviewing: A Key to Therapeutic Communication in Nursing Practice." Nursing Clinics of North America, June, 1966, pp. 205-14.

Hamil, Evelyn. "The Changing Director of Nurses." Nursing Outlook, December, 1969, pp. 64-5.

Little, Dolores. "The Nurse Specialist." American Journal of Nursing, March, 1967, pp. 352-7.

Reiter, Frances. "Nurse Clinician." American Journal of Nursing, February, 1966, pp. 274-8.

Sims, Laura. "The Role of the Staff Nurse in Nursing Service." Reprint from paper read at program meeting, General Duty Section, N.Y.S.N.A. Convention, October 19, 1965. Available from New York State Nurses' Association, Executive Park East, Stuyvesant Plaza, Albany, New York 12203.

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* See Appendix, Section III.

The Nursing Process (Module #10)

The returning nurse, frequently unfamiliar with the nursing process as used today, has difficulty understanding and using it. First attempts by students to complete this module while caring for a patient met with failure. It was not until hypothetical cases were substituted for patient care that students achieved understanding and enough familiarity with the nursing process to use it successfully in clinical practice.

A discussion period on the Word List sets the stage for learning for this module. An additional discussion period should be devoted to the handout, "Twenty-one Nursing Care Problems," which is reprinted in this module. Familiarity with required readings is most helpful to the student for these discussions.

For convenience, the handout, "Mrs. Belmont, a 'Good' Patient," is also included in this module. The instructor may prefer to use another case study. In any event, the student should be asked to develop a tentative Nursing Care Plan for a hypothetical patient. She should discuss tentative plans with the instructor. After this experience, the student is ready to develop a Nursing Care Plan for her selected patient.

At least one good case history film should be shown. The following have been used successfully:

"Mrs. Reynolds Needs a Nurse"*

"The Special Universe of Walter Krolick"*

The instructor must communicate with staff frequently to assess the contributions that students make to Nursing Care Plans. It is important to be alert. Aggressive and/or outstanding students can become a threat when they make numerous suggestions for changes in existing Nursing Care Plans.

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* See Appendix, Section III.

The inclusion of refresher nurses in as many team conferences as possible should be discussed with staff personnel.

The instructor should determine the facility procedures for referral to social workers and/or community health care facilities. Students should be encouraged to make referrals when indicated, if facility policy permits.

"Study Guides" are first introduced in this module. They are self-explanatory and are of great value to students in gaining experience in the development of Nursing Care Plans.

Growth and Development (Module #11)

This module is designed to reacquaint students with the usual characteristics of the various chronological ages of man. Brief surveys are included as module handouts. When involved in discussion groups, returning nurses who have raised families or cared for aged parents frequently contribute much of value from their own experiences. The instructor may wish to obtain copies of "What Every Nurse Should Know about Menopause and Post-Menopause,"* available from Ayerst at slight charge.

Discussion periods should be devoted to two articles: (1) handout, "Levels of Behavior," reprinted in this module, and (2) E. K. Ross' article, "What Is It Like to Be Dying?" referenced in this module.

For students who choose to care for a child, the following Children's Bureau publications from the Superintendent of Documents, U.S. Government Printing Office, are helpful as references:

1. "Adolescence" - GPO Pub. #431.
2. "Your Child from 6 to 12" - GPO Pub. #324.
3. "Your Child from 1 to 6" - GPO Pub. #30.

For students who choose an older patient or who express interest in working in a nursing home, the following reference, also from the Superintendent of Documents, U.S. Government Printing Office, should be made available:

"Clinical Aspects of Aging." Vol. IV, P.H.S. Pub. #1459 ($3.50).

Three films of value for this module are "Age of Turmoil,"* "Looking at Children,"* and "The Menopause: Its Significance and Management."*

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* See Appendix, Section III.

Students tend to be quite self-directional in working through this module. It can be combined successfully with another module in the Patient Care series. Or, caring for a patient entering the hospital for diagnostic tests gives the student an opportunity to complete this module and become acquainted with a variety of laboratory and X-ray tests currently being used in the community. The Nurses' Guide to Lab Tests* is recommended.

Ordinarily it is not advisable for the student to combine the learning experiences of more than two modules at the same time in developing a Nursing Care Plan.

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* See Appendix, Section III.

Psychosocial Adaptation and Personal Integration (Module #12)

After the student has completed the Word List, the instructor should introduce the two American Journal of Nursing programmed instruction units listed in this module, and they should be completed at this point in the refresher course. The student must understand the forces operating in both hostility and anxiety, and must learn to handle her own feelings before she can implement the nursing process and help others.

The reactions of returning nurses to these units have varied so greatly that it is not possible to give direction as to the most helpful time for their use. Some nurses have indicated they would like to see a refresher course begin with these two units. Most have said they were not prepared to cope with them until later in a refresher course. A few nurses have reacted negatively; most feel that these units are essential in any refresher course.

A film portraying Dr. Hans Selye's research on stress should be reviewed by all students. "Stress and the Adaptation Syndrome"* is available from Pfizer Laboratories.

The following films are suggested:

"Stress and the Adaptation Syndrome"*
"The Cry for Help"*
"Ulcer at Work"*
"The Lonely Night"*
"Everybody's Prejudiced"*
"Alcoholism: Disease in Disguise"*
"Mr. Finley's Feelings"*

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*See Appendix, Section III.

"Mrs. Reynolds Needs a Nurse"*

"Eye of the Beholder"*

Interesting and instructional pamphlets are available:

"Stress"*

"Needlepoints"*

"The Worry-Go-Round"*

Students have also successfully combined this module with another module in the Patient Care series. For example, caring for the person who has undergone surgery for a malignancy would allow completion of both this module and Module #16, Physiological Adaptation and Altered Cellular Response.

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* See Appendix, Section III.

Homeostasis (Module #13)

The student must gain an understanding of fluid and electrolyte balance while studying this module, and much instructor help is needed. To simplify the module work, the most common electrolytes, non-electrolytes, and blood gases have been selected as topics for study. Some review of anatomy and physiology has proved to be essential for understanding. Thus, charts of both the respiratory system and the cardiovascular system are included as module handouts.

If the community has a burn unit, an observation experience for the student(s) should be arranged.

Refresher nurses have completed this unit most successfully while caring for patients convalescing from myocardial infarction, cardiac failure, burns, and surgery.

The student should also learn, in this module, about cardiopulmonary resuscitation. Most refresher nurses are not acquainted with current concepts. Laboratory practice on ResusciAnne should be provided, as well as class time for reviewing the normal electrocardiogram and central venous pressure. If a Coronary Care Unit is available, the student could learn much by spending 1 or 2 days there, observing what happens to a patient before he returns to convalescent care on a regular unit.

"Prescription for Life"* is a worthwhile film. You local Heart Association will supply others to enhance learning in this module.

The following handouts, available from the Heart Association, should be supplied, if at all possible:

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* See Appendix, Section III.

"The Nurse's Role in Cardiopulmonary Resuscitation"*

"Emergency Measures in Cardiopulmonary Resuscitation"*

"Heart Puzzle"*

"Heart Attack"*

"Introduction to Arrhythmia Recognition" (California Heart Association)

The quiz key to "Nursing Management of the Patient With Myocardial Infarction," in Module #13, follows.

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* See Appendix, Section III.

Answer Key

Nursing Management of the Patient with Myocardial Infarction (page 211)

1. False
2. False
3. True
4. True
5. False
6. True
7. True
8. False
9. True
10. False
11. False
12. False
13. True
14. False
15. False
16. True
17. False
18. False
19. True
20. True
21. True
22. False
23. True
24. True

Nutrition and Elimination (Module #14)

After completing the module on homeostasis, the student will welcome this module. It has proved to be relatively simple because much of the material is familiar to returning nurses.

Instruction in colostomy irrigation could be given with this module or with Module #16, Physiological Adaptation and Altered Cellular Response. At either time, the learning aids suggested in Module #16 for colostomy care should be used, and every effort should be made to have a Colostomy Club member talk to refresher nurses.

The instructor should suggest clinical experience with a diabetic patient, if one is available, with emphasis on patient teaching. The instructor should also provide educational laboratory time for practice of urine-testing for sugar and ketones, as well as time for role-playing in preparation for diabetic teaching. These experiences have proved to be very much needed and most helpful. Although urine-testing is a review, the concept of patient teaching is frequently new to the returning nurse.

If an experience with nebulizers and either the Bennett or Bird respirator--depending on those used in the clinical facility--has not yet occurred, it should be made available for this module. An observation is helpful in a facility with an inhalation therapy department. Actual experience with machines--first in the laboratory setting, then with a patient--must be provided if nurses administer inhalation therapy in the local facility.

Films, in addition to those available from the Cancer Society, are:

"Understanding Diabetes"*

"Quiet Victory"*

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* See Appendix, Section III.

The instructor may want to make the following handouts available:

"Catheterization"*

"Bladder Care"*

"If You Have Diabetes"*

"You and Diabetes"*

Students may elect to complete the "Insulin Work Sheet." This is not required.

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* See Appendix, Section III.

Sensation, Perception, and Motion (Module #15)

A wealth of material is available for module study. Since it would be impossible for a returning nurse to cover all facets of nursing care included, she should concentrate on a specific area of interest, treating it in depth. No matter what her choice, however, she should be encouraged to complete the two programmed instruction units on Pain. She should become familiar with range-of-motion exercises--and practice these in the laboratory if patient experience is not available. A short period of observation in the clinical facility's Physical Therapy Department, if available, is most helpful.

In the clinical area, care of a patient with an orthopedic problem is conducive to learning module material; experience with a patient who is blind or convalescing after eye or general surgery is also valuable.

Handouts not included in this module are "Strike Back at Stroke"* and "Do It Yourself Again,"* both available from the Heart Association, and "Elementary Rehabilitation Nursing Care,"* PHS Publication #1436.

Films recommended highly by returning nurses include:

"Second Chance"*
"The Eye of the Beholder"*
"Balance in Action"*

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* See Appendix, Section III.

Physiological Adaptation and Altered Cellular Response (Module #16)

As in the previous module, the student should, as time is available, explore one or more of the three subject areas presented; i.e., inflammation, antigen-antibody reactions, and tumor formation. She may already feel competent with "inflammation" and select one of the other areas, depending on the kind of work she plans to do after completing her refresher course.

"Source Book for Nurses"* from the American Cancer Society, Inc. should be given to each student. When contacting the Cancer Society, the instructor ought to explore the many audiovisual aids available and ask if a mastectomy club is active in the community. If so, a member may be asked to talk to students, if at all possible, especially on the handling of patients' reactions to this type of surgery. This is a most helpful experience.

The availability and use of radiation therapy in the local facility and community will determine experiences that can be provided in connection with the care of a patient or on an observational basis.

Local and State health departments will provide material available on skin testing and immunizations.

A helpful film from the Cancer Society is "Nursing Management of the Patient with Cancer."*

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* See Appendix, Section III.

Optional Modules

An optional module on Team Leadership (#0-1) was requested by nurses who have previously worked as team leaders, also by those to whom the only position available is that of team leader, and by hospital administrative personnel. Optional Modules #0-2, #0-3, and #0-4 were requested by registered nurses who have worked in pediatric, maternal, and psychiatric nursing.

Ordinarily, students who have completed modules of the basic refresher course are able to complete one or more of the optional modules with a minimum of instructor guidance. It is important, however, that the instructor continue pre- and post-clinical conferences with the student. Clinical facility staff who will work with the student as she pursues the learning experiences suggested in optional modules should be aware of the self-instructional, individualized philosophy of this curriculum, and also become familiar with the content of the specific module being utilized by the student. An understanding between instructor and staff should be reached as to how much supervision the staff is able and willing to provide. Audiovisual resources of the specific specialty should be explored, as well as in-service and orientation programs.

Team Leadership (Optional Module #0-1)

Experience for the nurse enrolled in a refresher course in team leadership should begin with an observational experience. As the student becomes familiar with the many responsibilities of team leading, through her observation and through the reading of suggested references, she should function as a co-team-leader. Most students have requested that they be allowed to do this for a full shift; some have requested this experience on the evening or night shift if that is when they intend to work.

It is important that the student pursue clinical experience in team leading in a stable environment and with a team leader aware of and sympathetic to her problems in returning to nursing. Following completion of the modules on Nursing Team (Module #9) and Nursing Process (Module #10), this optional module on team leading can be used by a student concurrently with her work on other modules in the basic curriculum.

Pediatric Nursing (Optional Module #0-2)

References for this module have been chosen to provide current concepts in the nursing care of children. As with other optional modules, clinical experience will depend on facilities available in the community. The instructor should explore the availability of local clinics for well children. An observational experience in a pediatrician's office might be arranged if the nurse desires such an experience.

The local Health Department should be contacted for films and handouts concerning the care of children. A number of those suggested for use with Growth and Development (Module #11) are useful.

Care of hospitalized children should be included with clinical experience for the student. She may elect to care for a newly admitted child and develop a Nursing Care Plan. She may prefer to first care for the child for whom a Nursing Care Plan already exists and explore ways to better meet the needs of the child and his family.

Maternity Nursing (Optional Module #0-3)

This module, theoretically, is largely self-instructional. Clinical experience should begin with observation. Participation of the student in caring for patients will depend largely on the size and organization of the department.

Students in refresher courses have expressed great satisfaction with the experience of following a woman from the moment of her admission, through labor, delivery, and the postpartum period, which includes care of the newborn infant.

The instructor should explore the local availability of outpatient clinics, both antepartum and well-baby clinics, and classes for prospective parents and new mothers, as possible student experiences.

Answer Key

Quiz on Pregnancy and Fetal Development (page 271)

1. First trimester.
2. 24-48 hours.
3. Father's
4. At the end of the 3d month of pregnancy or at the end of 12 weeks.
5. When the placenta is fully formed and assumes it tasks fully.
6. 28 weeks.
7. Usually under 5 lb. 8 oz.; gestational age is also taken into consideration.
8. 18-20 weeks.
9. Decrease.
10. Increase.
11. 7th month.
12. Chloasma.
13. Braxton-Hicks contractions.
14. With the beginning of uterine growth or at the beginning of pregnancy.
15. Lightening.
16. Quickening.

Answer Key

Quiz on Labor and Delivery (page 273)

1. a. Rupture of membranes and/or breaking of the bag of waters.
   b. Mucous plug expelled and/or "show."
   c. True rhythmical contractions gradually increasing in length and coming closer together.
2. a. Bleeding (other than "show").
   b. Meconium in the amniotic fluid.
   c. Fetal heart rate above 160 or below 120.
   d. Blood pressure above 140/90 or systolic pressure 30 mm. and diastolic pressure 15 mm. above normal for that patient; a continuing drop in blood pressure.
   e. Convulsions in the mother.
   f. Drastic change in tone and rhythm of the uterine contractions.
3. a. Because stomach contents empty very slowly, sometimes not at all, once labor has begun.
   b. Because this reduces the danger of vomiting and possible subsequent aspiration if the woman requires heavy analgesia and/or anesthesia.

Answer Key

Quiz on Postpartum Period and Newborn Infant (page 277)

1. Rubra, serosa, alba.
2. As ordered by the physician:

   ice packs x 24 hrs.

   heat lamp and exposure to air q.i.d.

   sitz baths.

   analgesics.
3. Keep him warm until his temperature stabilizes (may be up to 12 hrs).
4. Human milk forms smaller curds in the baby's stomach than does cow's milk; therefore the stomach empties faster and the baby becomes hungry sooner.
5. Vaseline until healed.
6. Hormones from mother.
7. Meconium.
8. First 6 weeks postpartum.
9. 3-5 days, usually.
10. Expose buttocks to air.
11. They suppress milk production.

Psychiatric Nursing (Optional Module #0-4)

In addition to the instructor's meeting with the agency representative to arrange for the student's clinical experience, it is recommended that the instructor, the student, and the agency representative meet to outline the specific learning experiences the student will have within the agency. This sets limits for the student so she will not undertake too many extraneous activities. This will also supply the agency with specific guidelines with which to develop the student's clinical experience. The instructor should write a summary of this meeting and give one copy to the student, one to the agency representative, and retain one copy for herself.

After the student completes the clinical experience, the instructor, student, and agency representative should meet for a terminal evaluation interview. This interview should include reviewing the proposed learning experiences and the comparison of these proposed experiences with the actual learning experiences of the student. For the most effective terminal interview, the student should keep a daily log of her experiences, with some evaluative comments. (The instructor may want to read this log on a daily basis so she can guide the student into more effective learning experiences.) The agency representative should make some evaluation of the clinical skills of the student, and possibly offer some suggestions for improvement.

Evaluation should, by definition, include the strengths as well as weaknesses of the student. Evaluations should always be written.

If experience is not available in an agency with mentally ill patients, the psychiatric nursing principles can be utilized within any agency with any type of patient. We have found that some types of patients tend to have more problems than others. If a general hospital patient is to be utilized for psychiatric nursing learning experiences, we recommend any medical-surgical patient--but we have found, in our experiences, the following categories of patients to exhibit the need for psychological support most frequently:

The dying patient.
The patient with chronic and/or acute respiratory problems.
Patients with cardiac conditions.
The diabetic patient.
The patient with an amputation.
The paralyzed patient.
The patient who has had a hysterectomy.

Suggested films include:

"Mrs. Reynolds Needs a Nurse"*
"Eye of the Beholder"*
"Feelings of Hostility"*
"Feelings of Rejection"*
"Age of Turmoil"*
"Escape to Nowhere"*
"Mr. Finley's Feelings"*
"Watching Children Grow"*
"Paranoid Schizophrenia"*
"Stress"*

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* See Appendix, Section III.

Part III

THE SYLLABUS

To the Student

The purpose of any educational system is to ensure that the learner attains specified knowledge, skills, and attitudes. This course places the learner in an active role in selecting content and learning experiences. Differences among students in interest, ways of learning, and rate of learning are considered. The effectiveness of the instructor is measured by what provision she makes for the students to learn.

In this course the instructor will help the student assume an active role. With the instructor's assistance, each student will:

- Define her own goals for refresher education.
- Use the syllabus as a guide for planning her educational program.
- Identify those objectives that all students must meet.
- Select learning experiences related to her background and needs.
- Enter each learning experience at her level of competence.
- Obtain the learning experiences she has selected to achieve her educational goals for retraining.
- Progress at her own rate.
- Through regularly scheduled conferences with the instructor, determine and evaluate her own progress toward achieving the objectives of the program she has planned.

From this listing it becomes obvious that instruction will be highly individualized. The course is, in fact, self-instructional. The student can expect a minimum of lecture-discussion classes and then only when warranted by economy or when no other method of achieving objectives has been defined. Conferences will be provided to help the student identify, clarify, organize, apply, and compare her learnings through group discussion. She can expect the following types of group learning experiences:

- Nursing Conferences--to develop knowledge and skills necessary for constructing, implementing, and evaluating Nursing Care Plans.
- Guided Discussions--to develop understanding of scientific principles basic to identifying needs and evaluating effectiveness of care.
- Daily Planning Conferences--to select experiences from those available in the clinical setting.
- Daily Post-Clinical Conferences--to share learning experiences.

Among nurses who have completed previous courses experience has shown that the length of time it takes a retrainee to complete the course will vary in direct proportion to the length of time she has been inactive in nursing or has been confined to a highly specialized area such as industrial or school nursing. This will be modified further by factors such as the amount of time she is able to devote to her studies and the kinds, amount, and length of experience she has had in nursing practice. But normally, the course can be completed in 8 weeks. Because this course is individualized, the student may find that she is not achieving her goals in a realistic length of time. She must therefore develop more self-discipline and, with the aid of her instructor, identify her own strengths and weaknesses. She should also be aware that any hiring facility is interested in knowing an applicant's strengths and weaknesses.

As she works through the first few modules, the nurse must determine whether she learns best by working alone. If so, she should do that. If not, she should work with others. Varying the approach from time to time may be beneficial. The nurse should learn all she can about a subject. She should bring rough drafts of proficiency assignments to her instructor for help and feedback. The first time will be difficult; the second, easier. She should avoid going back and re-doing a module after she has mastered it. Instead, she should apply her learning to the completion of the next module.

In the Appendix, Section VI, there is a Skill Inventory. As technology has improved and both medical and nursing sciences have made rapid and important gains, many of the techniques or skills of nursing have also necessarily changed. Conversely, as the nurse returns to patient care, she will find that many skills have not changed. Proficiency in these skills will return to her rather quickly.

The Skill List is not all-inclusive. The retrainee may want to add procedures throughout her refresher course as she cares for patients. She should discuss frequently, with her instructor, her needs and desires for practice in this technical component of nursing. The instructor can help the student find experiences through which she will gain assurance that she is again technically competent.

In response to the requests of nurses enrolled in refresher courses using this curriculum, broad guidelines for the satisfactory student have been developed. The guidelines, which follow, will give the student some idea of what both her instructor and clinical facility personnel expect of her.

The Satisfactory Student Exhibits These Attitudes

In course work, she —

- Prepares assignments.
- Follows directions and completes assignments.
- Prepares required material for group discussions.
- Uses reading assignments to increase her participation in discussions.
- Answers questions when called on.
- Participates actively in pre- and post-conference discussions.

With coworkers and on the job, she —

- Maintains good personal appearance.
- Works cooperatively with others.
- Organizes work with some supervision.
- Is self-motivated and spends more time nursing patients than "nursing" the chart desk or coworkers.
- Uses procedure books as required.
- Requests supervision with new and difficult tasks.
- Accepts and uses suggestions to improve skills.

Working with patients, she --

- Carries out doctor's orders.
- Observes and charts pertinent facts about the patient.
- Is attentive to patients and aware of most common needs.
- Meets the physical needs of the patient.
- Approaches all patients with kindness, interest, compassion, and empathy.
- Utilizes appropriate verbal communication skills and is cognizant of non-verbal communication.

The fact that a refresher course is only the beginning of a reactivation process should be emphasized. With current changes in the delivery of health care and the nursing role, it is imperative that health personnel read and keep abreast of developments and trends. The student is encouraged to continue reading professional publications, such as American Journal of Nursing, R.N., and Nursing Outlook. If there has been no opportunity, as part of her refresher course, for the student to attend a program of continuing education for nurses, she should discuss with the instructor the methods used in her community to publicize such programs. The reactivated nurse should inquire about the type and length of orientation she will be offered upon employment. Later, as an employee, she should participate actively in both inservice and continuing education programs.

Module #1

GETTING ACQUAINTED

I. OVERALL OBJECTIVE

The nurse will participate as an individual and as a group member in introductions to people and orientation to facilities involved in reactivation.

II. SUB-OBJECTIVES

The nurse will be able to:

A. give attention to the person speaking.

B. listen to ideas of others.

C. use basic components of the communication system (presented on page 89) when talking with someone.

D. contribute to the group by sharing her knowledge and experience.

E. ask questions when she does not understand.

F. recognize and identify the components of her learning environment.

III. EXPERIENCES

A. Becoming acquainted with the following people, as available:

1. other nurses in the reactivation program.
2. instructors.
3. clinical facility personnel:
    a. nursing administration.
    b. general administration.
    c. in-service or continuing education groups.
    d. education department.

    4. representatives of the local professional organization.

B. Acquainting herself with laboratory audiovisual materials.

C. Reading from the following:

    1. Handouts:
        a. "Model for Communication"
        b. "Desirable Qualities for a Contributing Group Member"
    2. References:
        a. Cooper, Signe S. "From Retired to Rehired." _Journal of Nursing Administration_, January, 1971, pp. 24-8.
        b. Coulter, P. and Brower, M. "Parallel Experience: An Interview Technique." _American Journal of Nursing_, May, 1969, pp. 1028-30.
        c. *Davis, Anne J. "The Skills of Communication." _American Journal of Nursing_, January, 1963, pp. 66-70.
        d. *Domning, Joan J. "That Certain Feeling." _American Journal of Nursing_, November, 1971, pp. 2156-7.
        e. Ferguson, Vernice. "Come Back to Work." _Nursing Outlook_, October, 1970, pp. 58-9.
        f. Fischelis, M. and French, N. "Three Full-time Jobs: Nurse, Wife and Mother." _American Journal of Nursing_, January, 1968, pp. 76-9.
        g. *Goldin, P. and Russell, B. "Therapeutic Communication." _American Journal of Nursing_, September, 1969, pp. 1928-30.
        h. Goldsborough, J. D. "On Becoming Non-Judgmental." _American Journal of Nursing_, November, 1970, pp. 2340-3.

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* Highly recommended.

i. Guthbert, Betty. "Switch Off, Tune In, Turn On." *American Journal of Nursing*, June, 1969, pp. 1206-11.

j. *Hardiman, Margaret. "Interviewing? Or Social Chit-chat?" *American Journal of Nursing*, July, 1971, pp. 1379-81.

k. Johnston, Ruth. "Listen, Nurse." *American Journal of Nursing*, February, 1971, p. 303.

l. "'Only' Misunderstandings." *American Journal of Nursing*, November, 1967, pp. 2329-30.

m. Rust, Hazel. "Take a Refresher? Of Course!" *RN*, December, 1969, pp. 48-51.

n. Sharp, Carla. "First or Last Name?" *American Journal of Nursing*, May, 1971, pp. 958-9.

o. Shaw, M. "Hangman's Break." *American Journal of Nursing*, December, 1970, pp. 2565-6.

IV. PROFICIENCY ASSIGNMENT

The Proficiency Assignment consists of an individual conference with the instructor planned in accordance with the following structure:

A. The student will initiate and conduct a conference with her instructor in which she discusses her participation in a group. In the course of the conference, she will discuss at least three observations about her participation in the group.

B. The student will prepare for the conference by identifying the following: (See Model for Communication.)

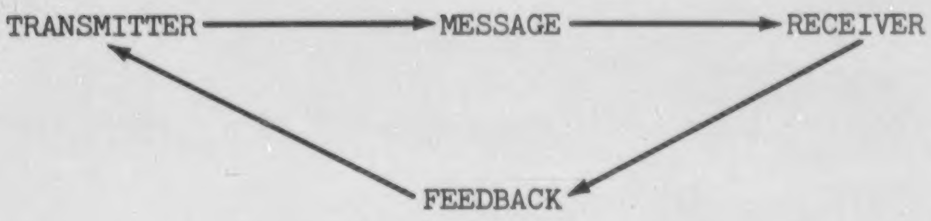
  1. Purpose of the conference (intent of transmitter).
  2. Specific content of the conference (message to be transmitted).

3. Anticipated outcomes of the conference (effect on receiver).

C. The student will discuss with her instructor the effect of the conference.

1. Can instructor summarize main idea of conference?
2. Can she enumerate points the student made?
3. Did she react as the student anticipated?

MODEL FOR COMMUNICATION


TRANSMITTER
MESSAGE
RECEIVER
FEEDBACK

CRITERIA FOR GOOD COMMUNICATIONS: THAT THE MESSAGE SENT IS THE MESSAGE RECEIVED.

Guide to Understanding and Using the Model: Define

1. Communication

2. Transmitter

3. Message

4. Receiver

5. Feedback

DESIRABLE QUALITIES FOR A CONTRIBUTING GROUP MEMBER

Gives attention to what others say; listens patiently; tries to understand them;

Respects other persons and their ideas; appreciates individual differences; believes in the dignity of human beings;

Opts to communicate clearly, briefly, and to the point under consideration;

Understands that group thinking functions best where there is a free interchange of ideas among group members;

Participates by contributing his unique experiences to the group thinking; does not withhold valuable information;

Makes an effort to clarify; helps group to focus on one subject; helps to summarize;

Employs self-discipline in amount of contributions, does not monopolize;

Mindful that people thinking together can usually reach a higher quality of thinking than can any one person alone;

Bears a genuine responsibility for solving problems under discussion;

Endeavors to come prepared to discuss the topic under consideration;

Realizes that an idea once expressed equally is no longer his own, but the group's, to be viewed equally along with other ideas.

TEACHING - LEARNING

I. OVERALL OBJECTIVE

The nurse will identify and accept her role as a student and assume responsibility for learning activities in her refresher education.

II. SUB-OBJECTIVES

The nurse will:

A. be able to explain the instructor's role. (See page 15, The Role of the Instructor.)

B. be able to explain the student's role. (See page 79, To the Student.)

C. initiate learning contacts.

D. cooperate with peers in group learning experiences, when such are available.

E. use available resources to meet her learning needs.

F. be able to use the syllabus as a guide to learning.

G. be able to select within each module those experiences which she feels will broaden her preparation for employment.

H. whenever possible, schedule her learning experiences in clinical areas.

I. be able to operate audio-visual equipment as needed.

J. initiate frequent contacts with her instructor to discuss her course work, plans, and goals.

III. EXPERIENCES

A. Classroom:

1. Lectures - discussions
2. Group discussions
3. Observations
4. Demonstrations and return-demonstrations
5. Role-playing

B. Laboratory: The nurse should read instructions and learn to operate audio-visual equipment for

1. Films
2. Filmstrips
3. Tapes
4. Records

C. Library:

1. Handouts:
    - a. "Process and Concept of Learning"
    - b. "How to Study"
    - c. "Guide to Independent Clinical Experience"
2. Reference:
    - a. Shetland, Margaret L. "Teaching and Learning in Nursing." *American Journal of Nursing*, September, 1965, pp. 112-6.

VI. PROFICIENCY ASSIGNMENT

Because of the unique character of this module there is no specific proficiency assignment to be completed at this time. The outcomes of this module are such that they will manifest themselves in every one of the student's educational activities; i.e., if the student successfully completes the course in the manner suggested, the objectives of this module will have been met.

PROCESS AND CONCEPT OF LEARNING

Learning is an active process which utilizes the thinking and perceiving abilities and knowledge previously acquired for three major purposes: 1) Acquiring New Knowledge to Explain Events, 2) Facilitating Change, and 3) Solving Problems.

Steps in learning as a concept and as a process.	Operations, performances, behaviors, separate skills, associated with each step in learning. (Major use of perceptual processes - see, hear, etc.)	Examples of statements by the nurse to facilitate development of each step in a patient, in the total sequence of the process of learning.
1) To observe: The ability to notice what went on or what goes on now.	To see with one's eyes. To hear. To feel using empathetic observation. To feel using tactile senses.	"What do you see?" "What is that noise?" "Are you uncomfortable?" "Do you have something to say to me?" "Could I share the thought with you or is it private?" "Tell me about yourself." "What happened?"

Assumption: The patient can describe the situation as he or she viewed it, with encouragement and assistance from a person who can focus exclusively on the situation of the patient.

<table>
<tr><th>Learning</th><th>Operations</th><th>Nurse Statements
(Who-What-When-Which-How)</th></tr>
<tr>
<td>2) To describe: The ability to recall and tell details and circumstances of a particular event or experience.</td>
<td>Increases verbalization.
Greater recall.
Enumeration of details.
Focus on details of one event.
Movement of patient's general and ambiguous terms for person(s) and nurse's question words assisting patient to be specific.
<table>
<tr><th>Patient's Terms</th><th>Nurse's Question Words</th></tr>
<tr><td>1) "Everybody"<br>"They"</td><td>"Who"</td></tr>
<tr><td>2) "The nurses"<br>"The doctors"</td><td>"Which"</td></tr>
<tr><td>3) "Ones who work from 8-4" (Narrowing)</td><td>"What are their names?"</td></tr>
<tr><td>4) "Miss Jones" (specific name)</td><td></td></tr>
</table>
</td>
<td>"Tell me about the feeling." "What name would you give to your feeling?" "Tell me more." "Then what?" "Go on..." "Give me an example." "Who are they?" "What are they?" "What about that?" "For instance?" "Describe that further." "What did you feel at the time?" "What happened just before?" "Which was it?" "Who was the person?" "What did you say?" (Use nurse statements of observation step as well.)</td>
</tr>
</table>

Learning	Operations	Nurse Statements (Who-What-When-Which-How)
3) To analyze: The ability to review and to work over the raw data with another person.	Identify needs. Decoding key symbols. Distinguishing literal and figurative. Sort and classify: 1) impressions, 2) speculations, 3) thematic abstractions, 4) hypotheses, 5) generalizing. Compare. Summarizing. Serial order or sequence. Application of concepts. Application of personality theory as a frame of reference.	"Explain." "Help me to understand that!" "What do you mean?" "What do you see as the reason?" "What was the significance of that event?" "What are the common elements in these two situations?" "What is the connection?" "Boil this down to one important aspect." "What caused this?" "What was your part in it?" "In what way did you participate?" "In what way did you reach this decision?" "What caused this feeling?" "Have you had this feeling before?"
Step 3 may occur simultaneously with Step 4.	Formulating relations resulting from the foregoing: 1) Cause and effect. 2) Temporal. 3) Thematic. 4) Spatial.	

Learning	Operations	Nurse Statements (Who-What-When-Which-How)
4) To formulate: The ability to give form and structure, to restate in a clear, direct way, the connections resulting from step 3 (Analysis).	Restatement of data in light of step 3. Verbal or written result of analysis of data.	"State the essence of this situation in a sentence or so." "What did you feel?" "What did you do?" "Tell it to me in a sentence or two." "Tell me again." "Was there a discrepancy between what you felt, thought, and did?"

Learning	Operations	Nurse Statements (Who-What-When-Which-How)
5) To validate (by consensus): The ability to check with another person and to reach agreement as to the result of step 4 (Formulation), or to state clearly the issue if there is divergence in the formulation of the two persons.	Checking with. Comparing notes with two people.	"Is this what you mean?" "Let me restate, is this what you were saying?" "Do you go along with this?" "Is this what you believe?" "It seems that... Is this the way it appears to you?" "Is it that you feel angry when people tell you what to do?" "Am I correct in concluding that...?" "Are you saying...?"

Learning	Operations	Nurse Statements (Who-What-When-Which-How)
6) To test: The ability to try out the result of step 4 (Formulation) in situations with people, things, etc. To test for utility, completeness.		Set up situations where patients can try out new behavior pattern. "Now that you have thought about this and come to this conclusion, why don't you try it out?" "What would you do if a situation like this came up again?" "In what way can you use this conclusion to prevent repeating this problem?"

Learning	Operations	Nurse Statements (Who-What-When-Which-How)
7) To integrate: The ability to see now in relation to or as integral part of the old; to add to previously acquired usable knowledge, for active use by the person.	Enmeshing the new with the old.	
8) To utilize: The ability to use result of step 4 (Formulation) as foresight.	 Reprinted by permission of:	Set up situations where patient can use new behavior patterns. Hildegard E. Peplau, R.N., Ed.D., Director, Graduate Program in Advanced Psychiatric Nursing, Rutgers, The State University, New Brunswick, N.J. 08903.

HOW TO STUDY

Any assignment can be mastered more easily and quickly by following these steps:

1. Preview all of the material before doing any word-for-word reading. (This familiarizes you with the general nature and scope of the material.)
2. Read carefully any questions that precede or follow the assignment. (These questions will focus your reading by calling attention to the main points.)
3. Before reading the selection, study any charts, diagrams, pictures or other illustrative material. (This also provides a reading and study focus.)
4. Now read the material carefully. (You may want to put marks or comments in the margin near important points. As you read, underline words you don't know or passages you don't understand.)
5. After reading, see if you can answer the questions--if any accompany the material. If there are no questions, try to jot down briefly the main ideas as you recall them. (You may wish to try outlining what you've read; if you can successfully do this, you may be certain you have mastered the material.)
6. If the reading material describes a process, try to perform the process immediately to determine if you have the procedure clearly in mind.
7. A day or so later, review the principal ideas you learned. (This review tends to reinforce what has been learned and to establish it firmly in the mind.)

GUIDE TO INDEPENDENT CLINICAL EXPERIENCE

I. OVERALL OBJECTIVE

The student will utilize a systematic method for obtaining the clinical experience necessary to meet her needs and module objectives.

II. PROCEDURE:

A. In conference with her instructor, the student should determine the protocol expected. She should ask the following questions:

1. Who is the contact person in the unit she has chosen? Head Nurse? Team Leader?
2. When are patient assignments made? The day before? When? The morning care is to be given? When?
3. What means of communication is utilized on the unit for assignment of the selected patient? Assignment sheet? Note in Kardex? Other?

B. When visiting unit, the student should:

1. introduce herself to the contact person.
2. give her objective for patient care and request suggestions of specific patients whose needs she could meet.
3. make arrangements in writing according to communication method for her assignment of the patient she has chosen.

4. review her selected patient's chart, his Kardexes and Nursing Care Plans.
5. introduce herself to the patient, visit with him, and complete nursing history if not available in chart.
6. study the existing Nursing Care Plan or develop a tentative plan if none exists.

C. Throughout the time spent in clinical experience, the student should utilize all possible resources in becoming knowledgeable about her chosen patient's pathophysiological problem and the nursing care required. She should:

1. use reliable unit resources and references to obtain information about diagnostic procedures, nursing procedures, treatments, and medications the patient is receiving.
2. increase her knowledge and skill through the use of audio-visual aids, reading pertinent module references, and requesting that her instructor make educational laboratory practice available as needed.

D. Direct Patient Care. The student should:

1. arrive on unit in uniform or street clothes, as dictated by the assignment, with name pin on.
2. establish the necessary communication with the nurse who is in charge of the nursing care of her selected patient.

   a. report whenever she comes to the unit to care for her patient.
   b. obtain report on patient.
   c. check or validate her nursing care plan frequently.
   d. request assistance whenever necessary.
   e. report whenever she leaves and give a report on the patient she has cared for before she leaves the unit.

3. come to the unit familiar with her patient's nursing care plan or with a tentative plan if none exists.
4. be responsible for her patient's basic needs while she is on the unit.
5. constantly evaluate the nursing care she is providing in the light of patient reaction, and feedback from both instructor and unit nurse responsible for care.
6. modify nursing care plans as indicated.
7. evaluate clinical experience with instructor.

TRENDS AND THE EXPANDING ROLE OF THE NURSE

I. OVERALL OBJECTIVE

The nurse will be able to identify selected current social forces and relate them to trends and the expanding role of the nurse.

II. SUB-OBJECTIVES

After completing this module, the nurse will be able to:

A. explain the relationship between the increasing population and the unequal distribution of human resources and the development of new nursing roles and functions, which include

  1. performing as clinical nurse practitioner, clinical nurse specialist, community nurse, and nurse midwife;
  2. providing nursing in birth control and human sterilization programs;
  3. developing new programs for nursing education.

B. explain the relationships between the proliferation of technological discoveries and the development of environments, equipment, and therapies which affect the delivery of nursing service; these include

  1. intensive care units for patients with cardiac, respiratory, renal, neurological diseases, and burns;
  2. automated systems for medical diagnosis, hospital management, and records;
  3. radiation and nuclear medicine.

C. explain the relationship between the problems of depersonalization with the resultant development of new relationships and the application of communication skills in nursing. Such effective communication skills will show themselves in

1. primary nursing care;
2. participation as a member of nursing and health teams to coordinate health care;
3. inducement of patients and families to participate actively in planning, implementing, and evaluating nursing care;
4. cooperation with representatives from lower socio-economic, cultural, and self-help groups to adapt health programs to their needs;
5. adaptation of nursing role to practice in multi-disciplinary community programs for the elderly, the mentally ill, the mentally retarded, the socially isolated, the economically deprived, the alienated, the delinquent, the alcoholic, and the drug addicted.

III. EXPERIENCES

A. Classroom: Reporting on selected readings.

B. Laboratory: Audio-visuals.

C. Library:

References:

1. New nursing roles and functions related to problems in numbers and distribution of human resources.

a. Andreoli, Kathleen G. "A Look at the Physician's Assistant." American Journal of Nursing, April, 1972, pp. 719-3.

b. Bean, Margaret. "The Nurse-Midwife at Work." American Journal of Nursing, May, 1971, pp. 949-52.

c. Bellaire, Judith M. "School Nurse Practitioner Program." American Journal of Nursing, November, 1971, pp. 2192-4.

d. Bodie, M. and Sandiford, C. "Mental Health Associates: One Answer to the Manpower Shortage." American Journal of Nursing, July, 1971, pp. 1395-6.

e. Brose, C., Hutchinson, E., and Peterson, M. "Coffeyville Elective." American Journal of Nursing, August, 1972, pp. 1436-1439.

f. Cronenwett, Linda R. and Choyce, Janice M. "Saline Abortion." American Journal of Nursing, September, 1971, pp. 1754-7.

g. Drage, Martha O. "Core Courses and a Career Ladder." American Journal of Nursing, July, 1971, pp. 1356-8.

h. Edwards, John A., et al. "The Cambridge-Council or Two Nurse Practitioners Make Good." American Journal of Nursing, March, 1972, pp. 460-5.

i. Gozzi, Ethel. "Pediatric Nurse Practitioner at Work." American Journal of Nursing, November, 1970, pp. 2371-4.

j. Harty, Margaret. "Trends in Nursing Education." American Journal of Nursing, April, 1968, pp. 767-72.

k. Levine, Eugene. "Nurse Manpower: Yesterday, Today, and Tomorrow." American Journal of Nursing, February, 1969, pp. 290-6.

l. Sheedy, Susan. "Medical Nurse Practitioner in a Neighborhood Center." American Journal of Nursing, August, 1972, pp. 1416-1419.

m. Silver, Henry A. and McAtee, Patricia A. "Health Care Practice." American Journal of Nursing, January, 1972, pp. 78-80.

n. Tornyay, R. and Bergman, A. "Two Views on the Latest Health Manpower Issue." American Journal of Nursing, May, 1971, pp. 974-7.

2. Delivery of nursing service as affected by the proliferation of technological discoveries.

   a. Andreoli, Kathleen. "The Cardiac Monitor." American Journal of Nursing, June, 1969, pp. 1238-43.

   b. Foreman, Nancy Jo and Zerwekh, Joyce V. "Drug Crisis Intervention." American Journal of Nursing, September, 1971, pp. 1736-9.

   c. Gaul, Alice L., Thompson, Robert E., and Hart, George B. "Hyperbaric Oxygen Therapy." American Journal of Nursing, May, 1972, pp. 892-6.

   d. Germain, C. and Hanley, M., Sr. "Metronome for a Music Teacher." American Journal of Nursing, March, 1968, pp. 498-503.

   e. Goshen, Charles E. "Your Automated Future." American Journal of Nursing, January, 1972, pp. 62-7.

   f. Jones, Barbara. "Inside the Coronary Care Unit: The Patient and His Responses." American Journal of Nursing, November, 1967, pp. 2313-30.

   g. Large, Helen, Tuthill, J. E., Kennedy, F. B., et al. "In the First Stroke Intensive Care Unit." American Journal of Nursing, January, 1969, pp. 76-80.

   h. McLaughlin, Loretta. "Nursing in Telediagnosis." American Journal of Nursing, May, 1969, pp. 1006-8.

   i. Mershimer, Ruth and McNamara, Kathleen. "Automating the Paperwork." American Journal of Nursing, June, 1971, pp. 1164-7.

   j. Zschoche, D. and Brown, L. "Intensive Care Nursing: Specialism, Junior Doctoring, or Just Nursing?" American Journal of Nursing, November, 1969, pp. 2370-4.

3. New relationships and the application of communication skills in nursing related to problems of depersonalization.

   a. Afek, L. B. and Hickey, Jane. "Health Classes for Migrant Workers' Families." *American Journal of Nursing*, July, 1972, pp. 1296-1298.

   b. Alexander, Mary M. "Early Morning Seminars that Nurses Hate to Miss." *American Journal of Nursing*, March, 1972, pp. 500-1.

   c. Calleia, P. and Boswick, John, Jr. "A Home Care Nursing Program for Patients with Burns." *American Journal of Nursing*, August, 1972, pp. 1442-1444.

   d. Collen, F. B., Maders, B., Soghikian, K., *et al*. "Kaizer-Permanente Experiment in Ambulatory Care." *American Journal of Nursing*, July, 1971, pp. 1371-4.

   e. English, Joseph T., McNerney, Walter J., Geiger, Jack H., and Mahoney, Margaret E. "The Sick Poor." *American Journal of Nursing*, November, 1969, pp. 2423-54.

   f. Freeman, Ruth. "Practice as Protest." *American Journal of Nursing*, May, 1971, pp. 918-21.

   g. Gibbs, Gertrude E. "Will Continuing Education be Required for License Renewal?" *American Journal of Nursing*, November, 1971, pp. 2175-9.

   h. Hershey, Nathan. "Profession of Unlimited Potential." *American Journal of Nursing*, July, 1971, pp. 1410-2.

   i. Huey, Florence. "In a Therapeutic Community." *American Journal of Nursing*, May, 1971, pp. 926-33.

   j. Jordan, J. and Shipp, J. "The Primary Health Care Professional was a Nurse." *American Journal of Nursing*, May, 1971, pp. 922-5.

   k. Leary, Jean A., Vessella, Dolores M., and Yeaw, Evelyn M. "Self-Administered Medications." *American Journal of Nursing*, June, 1971, pp. 1193-4.

l. Leininger, M., Little, D., and Carnevali, D. "Primex." American Journal of Nursing, July, 1970, pp. 1274-1277.

m. Protzel, Mary Sue. "Nursing Behind Bars." American Journal of Nursing, March, 1972, pp. 505-8.

n. Russaw, Ethel H. "Nursing in a Narcotic-Detoxification Unit." American Journal of Nursing, August, 1970, pp. 1720-3.

o. Schutt, Barbara. "Frontier's Family Nurses." American Journal of Nursing, May, 1972, pp. 903-9.

p. Smith, Ann P. "A Day in My Double Life." American Journal of Nursing, January, 1971, pp. 84-5.

q. Sullivan, Carolyn, et al. "Nursing in a Society in Crisis." American Journal of Nursing, February, 1972, pp. 302-5.

IV. PROFICIENCY ASSIGNMENT

Instructions:

A. Each student should select one reading from each group which interests her. (Students should select different readings to avoid duplication and to achieve wide coverage.)

B. In scheduled discussions of nursing trends, the nurse should be prepared to contribute information from one reading selected.

C. Proficiency will be contingent upon the student's contributing accurate and relevant information to the discussion in terms of the sub-objectives of this module.

D. The nurse should complete the Word List.

WORD LIST

Instructions: The student should write in the definitions of those terms that are new or unclear to her.

1. Pediatric Nurse Practitioner
2. Clinical Nurse Practitioner
3. Clinical Nurse Specialist
4. Community Nurse
5. Nurse Midwife
6. Career Ladder
7. A.D. Nursing Program
8. B.S.N. Program
9. M.S.N. Program
10. Doctoral Nursing Program
11. Nursing Assistant

12. I.C.U.

13. C.C.U.

14. hyperbaric oxygen chamber

15. Mental Health Associate

16. cardiac monitor

17. telediagnosis

18. renal dialysis

19. I.U.D.

LEGAL ASPECTS

I. OVERALL OBJECTIVE

The nurse will be able to apply the legal principles governing nursing practice in making decisions where protection of the patient, the facility, and herself is a factor.

II. SUB-OBJECTIVES

The nurse will be able to:

A. use correctly the vocabulary essential for understanding legal aspects of nursing.

B. state the legal qualifications for the registered nurse.

C. state the legal qualifications for the licensed practical nurse.

D. differentiate between general and privileged information in the health field.

E. state the criteria of "need to know" and "right to know" in making decisions about privileged information.

F. state the legal responsibilities of a registered nurse in matters pertaining to:

  1. Ethics
  2. Confidentiality
  3. Supervision
  4. Patient safety

G. identify the legal aspects of nursing practice in her bedside care of a selected patient.

III. EXPERIENCES

A. Classroom:

1. Discussing the local State Law Regulating the Practice of Nursing.
2. Discussing "Incident Report" procedures and forms for local clinical facility.

B. Laboratory:

1. Educational: Audio-visuals.
2. Clinical: Administering nursing care to a selected patient with emphasis on patient safety.

C. Library:

1. Handout:
   a. State Law Regulating the Practice of Nursing
2. References:
   a. Bowles, C. G., Jr. "One Error Per Patient Day Revealed in this Medication Study." Modern Hospital, August, 1967, p. 136.

   b. *Hershey, Nathan. "Nurses' Notes--They Can Play a Critical Role in Court." American Journal of Nursing, November, 1969, pp. 2403-5.

   c. Hershey, Nathan. "Patient Records/Incident Reports." American Journal of Nursing, September, 1969, pp. 1931-2.

   d. Hershey, Nathan. "Perspective on Liability Risks." American Journal of Nursing, July, 1970, pp. 1511-2.

   e. *Hershey, Nathan. "Prudence and the Coffee Break." American Journal of Nursing, November, 1970, pp. 2389-90.

   f. Hershey, Nathan. "Routine Procedures and the Standard of Practice." American Journal of Nursing, March, 1970, pp. 529-30.

g. *Hershey, Nathan. "When Is a Communication Privileged?" American Journal of Nursing, January, 1970, pp. 112-3.

IV. PROFICIENCY ASSIGNMENT

Instructions:

A. The Word List should be completed.

B. The nurse should read the legal qualifications for the registered nurse and for the licensed practical nurse in her state.

*C. Using her clinical experience as an illustration, the nurse should:

1. select one legal aspect of nursing care which interests her.
2. discuss the topic with her instructor.
3. read one reference relating to this topic.
4. prepare and present a five-minute report to the group or to her instructor in which she:
    a. analyzes the topic.
    b. defines the terms she uses in the report.
    c. relates the topic to the nursing care she is giving to a patient.

---

*Activity C may be completed after working in clinical areas.

WORD LIST

Instructions: The student should write in the definitions of those terms that are new or unclear to her.

1. assault and battery
2. commission
3. confidentiality
4. consent
5. ethics
6. expert witness
7. Good Samaritan Law
8. Grievance
9. indemnification
10. injury
11. invasion of privacy

12. liability

13. libel

14. licensure

15. malpractice

16. negligence

17. omission

18. privileged information

19. *res ipsa loquitor*

20. *respondeat superior*

21. revocation

22. slander

23. supervision

24. suspension

25. tort

ECONOMIC ASPECTS

I. OVERALL OBJECTIVE

In making nursing decisions, the nurse will be able to apply the principle of economy to maximize utilization of resources and to minimize expense.

II. SUB-OBJECTIVES

The nurse will be able to:

- A. identify goods and services usually covered by health insurance policies.
- B. identify goods and services usually included in room charge.
- C. use the health facility's system for charging goods and services to the patient.
- D. use the facility's procedures for discontinuing and crediting goods and services. She will:
  1. select only goods and services which are essential to administering nursing care as she cares for patients throughout her refresher course.
  2. advise patients on optimum use of goods and services when possible.
- E. state current status of federal involvement in a national health insurance program.

III. EXPERIENCES

- A. Classroom: Discussing:
  1. hospital charges, third party payments, and income protection.

2. experiences in requisitioning and discontinuing goods and services.

3. use of and charge for floor supplies.

B. Laboratory: Achieving familiarity with requesting and discontinuing goods and services for patients.

C. Library:

1. Handouts: none.

2. References:

a. Chapman, John S. "Munchausen's Syndrome." Journal of the American Medical Association, October, 1957, pp. 927-33.

b. McCleary, Elliott H. "Wanted for Fraud: 'Professional Patients'." Today's Health, January, 1971, pp. 30-1, 61-2.

c. Roemer, Milton. "Health Care, Financing, and Delivery Around the World." American Journal of Nursing, June, 1971, pp. 1158-63.

d. Silver, George A. "National Health Insurance, National Health Policy, and the National Health." American Journal of Nursing, September, 1971, pp. 1730-4.

IV. PROFICIENCY ASSIGNMENT

The nurse should:

A. submit a list of ten goods and/or services covered by most health insurance policies.

B. submit a list of goods and/or services covered in the facility's room charge.

C. complete one requisition and one "credit" form with instructor.

D. submit a brief statement on the current status of federal involvement in a national health insurance program.

Module #6

ASEPTIC TECHNIQUE

I. OVERALL OBJECTIVE

The nurse will be able to apply the principles of asepsis in performing manual operations to protect herself, the patient, and the environment against contamination.

II. SUB-OBJECTIVES

The nurse will be able to:

A. use the terminology of aseptic practice correctly.

B. perform aseptic techniques basic to giving nursing care.

C. apply principles of asepsis in giving nursing care.

III. EXPERIENCES

A. Laboratory:

   1. Educational: Studying and Practicing:

      a. handwashing technique

      b. putting on and removing an isolation gown

      c. using pick-up forceps (if these are used in her facility)

      d. handling sterile equipment

      e. handling contaminated equipment

   2. Clinical: Giving nursing care to a selected patient.

B. Library:

   1. The nurse should obtain a copy of the "Isolation Technique" or "Protective Care Technique" procedure of her facility.

   2. Handouts: none.

3. References:

    a. Garner, Julia and Allen Kaiser. "How Often Is Isolation Needed?" American Journal of Nursing, April, 1972, pp. 733-737.

    b. Mangan, Helen M. "Care, Coordination and Communication in the Life Island Setting." Nursing Outlook, January, 1969, pp. 40-44.

    c. McDermott, Nancy K. "The Nursing Role in a Specialized Infection Control Unit." Nursing Clinics of North America, March, 1970, pp. 113-21.

    d. *Wheeler, Mary D. "Surveillance, the Key to Infection Control." Registered Nurse, December, 1970, pp. 38-40.

IV. PROFICIENCY ASSIGNMENT

The nurse should:

A. complete the Word List and exercise on the following pages.

B. in simulated situations where instructions are provided, demonstrate her skill in:

   1. handwashing
   2. gowning
   3. handling sterile equipment:
      a. disposables
      b. materials which go back into circulation
   4. handling contaminated equipment:
      a. disposables
      b. materials which go back into circulation

C. write brief summary of her clinical experience in terms of aseptic technique.

WORD LIST

Instructions: The student should write in the definitions of those terms that are new or unclear to her.

1. asepsis
2. antisepsis
3. bacteriocide
4. bacteriostatic
5. contamination
6. disinfection
7. environmental sanitation
8. isolation
9. medical asepsis
10. microbial injury

11. protective care technique

12. reverse isolation

13. sterilization

14. surgical asepsis

EXERCISE TO IMPROVE YOUR KNOWLEDGE OF MICROBIOLOGICAL PRINCIPLES

Directions: In each of the following statements, circle the letters which apply to make the statement correct.

1. Chemicals that are primarily bacteriostatic
   a. would be of value for disinfection of metal instruments.
   b. would be of value in preventing infection.
   c. include aqueous Merthiolate and Hexachlorophene.
   d. commonly act by reversibly combining with enzymes.
2. Routine nose and throat cultures of hospital personnel
   a. provide irrelevant information because nearly everyone harbors potentially pathogenic organisms in their noses and throats.
   b. are beneficial in tracing sources of infection.
   c. should be done at least every six months on all personnel including doctors.
   d. are a requirement of the JCAH (Joint Commission on Accreditation of Hospitals).
   e. should not be done if person is sick with an upper respiratory infection.
3. Common sources of Staphylococcus aureus are
   a. skin of perineal area.
   b. noses of healthy personnel.
   c. boils, pimples, and acne-infected areas.
   d. fecal material.
   e. spinal fluid.

4. Potentially pathogenic micro-organisms
    a. are transmitted by hands and fingers.
    b. fly through the air.
    c. are present everywhere in the environment.
    d. increase with increasing numbers of people.
    e. are all destroyed with equal ease.
5. In selecting a chemical disinfectant, one should
    a. be aware of the type of organisms we are interested in killing.
    b. be strongly influenced by literature, claims, and advertisements of manufacturers.
    c. recognize that only a few chemicals can inactivate the Hepatitis viruses.
    d. remember that a chemical disinfection is a compromise, and should be used only when sterilization is not possible or practical.
    e. consider the cost of the agent as foremost.
6. Post-operative dressing technique should include
    a. the use of sterile instruments to remove old dressing.
    b. the technique of sterile gloved-hands to handle old dressing.
    c. a combination of "a" and "b."
    d. disposal of used dressing in old newspaper.
    e. disposal of used dressing in polyethylene sack.

7. Pseudomonas aeruginosa
    a. is present in the hospital environment only as a result of fecal contamination.
    b. commonly produces a blue-green pigment during growth.
    c. is a common cause of infection of burned tissues.
    d. is of little importance as a contaminant in surgery.
    e. is usually sensitive to most "broad-spectrum" antibiotics.
8. Bacteriologic monitoring of all sterilizers should be
    a. done on a routine basis at least once a month, preferably once a week.
    b. only when there is an outbreak of infections.
    c. carried out in an empty sterilizer.
    d. is recommended practice by JCAH (Joint Commission of Accreditation of Hospitals).
    e. requires specialized microbiological equipment.
9. Catheterization procedures
    a. should be done routinely.
    b. should utilize sterile rather than clean technique.
    c. should include a careful scrub of meatus before catheter insertion.
    d. should include at least three solutions.
    e. should be standard practice post-operatively.

10. In caring for the tracheostomized patient,
    a. sterile catheter should be used each time a patient's trachea is suctioned.
    b. the suction catheter should be rinsed in an open basin of saline kept at the bedside for this purpose.
    c. a suction catheter with a control tip is essential for proper suctioning of the trachea.
    d. replace the tray and bowls every 24 hours.
    e. soak catheters in a germicide between uses.
11. Regarding isolation procedures,
    a. one standard isolation technique should be used for all isolation patients.
    b. an important responsibility of an Infection Control Committee is to establish standards regarding the extent of isolation precautions.
    c. isolation rooms should have hand-washing facilities.
    d. hand-dip basins with germicide will sterilize hands.
    e. fogging of isolation rooms should follow patient's discharge.

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Module #7

DRUG ADMINISTRATION

I. OVERALL OBJECTIVE

The nurse will be able to administer medications safely.

II. SUB-OBJECTIVES

Given (a) selected patient(s) for whom medications have been ordered, the nurse will be able to:

A. give the right medication.

1. use reliable pharmacological resources to obtain information about dose, therapeutic and side effects, toxicity, channels of administration, and precautions to be observed for drugs with which she is unfamiliar.
2. report discrepancies among pharmacological information, patient's condition, and doctor's order.

B. give medication at the right time.

1. schedule time of administration to maintain constant blood level when indicated.
2. report symptoms of untoward side effects, toxicity, and addiction.
3. administer p.r.n. medications to achieve desired effect.
4. use nursing measures to reduce need for and enhance therapeutic effect of medications.

C. prepare the right dose.

1. use tables of equivalents to make conversions if necessary.

   2. apply mathematical skills to compute doses when amount ordered is different from dispensing unit.

D. use safe and effective techniques for administering medications via five channels of administration, chosen from the following list:
   1. inhalation
   2. oral
   3. rectal
   4. subcutaneous
   5. intramuscular
   6. intradermal
   7. intravenous
   8. instillation of drops

E. give medications to the right person.
   1. use agency's method of identification of medications.
   2. use agency's method of patient identification.

F. chart, record, and report medications given using the agency's forms and channels of communication.

III. EXPERIENCES

A. Classroom:
   1. Reviewing the metric and apothecary systems and conversion of dosage from one to the other.
   2. Becoming familiar with the following, if applicable to the facility:
      a. Medication Kardex.
      b. medicine cards.

c. transcribing medication orders.

d. charting of medications administered or omitted.

B. Laboratory:

1. Educational:

a. Audio-visuals.

b. Individual dosages:

Handling and becoming familiar with individual dosages---oral and parenteral---and preparing for administration.

2. Clinical: Preparing, administering, and charting medications prescribed for selected patients.

C. Library:

1. Handout: Clinical facility procedures.

2. References:

a. Adriani, John. "Venipuncture." American Journal of Nursing, March, 1962, pp. 66-70.

b. *Keanes, Claire B. and Fletcher, Sybil M. Drugs and Solutions. A programmed instruction for nurses. W. B. Saunders: Philadelphia, 1970.

c. *Payne, Johnnie E. and Kaplan, Harold M. "Alternative Techniques for Venipuncture." American Journal of Nursing, April, 1972, pp. 702-3.

d. *Pitel, Martha. "The Subcutaneous Injection." American Journal of Nursing, January, 1971, pp. 76-9.

e. Wilmore, Douglas W. "The Future of Intravenous Therapy." American Journal of Nursing, December, 1971, pp. 2334-8.

3. Programmed Instruction:

"Intravenous Infusion of Vasopressors." American Journal of Nursing, November, 1965, pp. 129-52.

IV. PROFICIENCY ASSIGNMENT

The nurse should select a patient or patients and demonstrate her ability in administering medications via oral, subcutaneous, I.M., intradermal, and intravenous channels. She should:

A. arrange for observation by her instructor of her administration of medications.

B. obtain the necessary information about the patient and the medication.

C. obtain the necessary equipment for administering the medication.

D. in the presence of her instructor or the instructor's designee, prepare and administer the medication, and chart, record, and report it.

Module #8

THE HEALTH TEAM

I. OVERALL OBJECTIVE

The nurse will understand roles of health team members and utilize health team resources in giving nursing care.

II. SUB-OBJECTIVES

The nurse will be able to:

- A. name and describe the duties of each member of the health team utilized by a health facility, such as a dietitian, physical therapist, speech therapist, and psychologist.
- B. list qualifications of health team members.
- C. describe functions of health team members.
- D. exchange patient care information with individuals on the health team when responsible for the nursing care of a patient.
- E. play a role in health team conferences whenever possible.

III. EXPERIENCES

- A. Classroom: Discussing The Health Team with the instructor.
- B. Clinical Laboratory: Talking to selected members of the health team.
- C. Library;
    - 1. Handouts: none.
    - 2. References:
        - a. Alexander, C. A. "Social Work and Social Workers." American Journal of Nursing, July, 1972, pp. 1254-1256.

b. Chapelle, Mary Lou. "The Language of Food." American Journal of Nursing, July, 1970, pp. 1294-1295.

c. *Eichenberger, Ralph W. "Total Health Care," Journal of Kansas Medical Society, January, 1971, pp. 17-21.

d. Erlander, Darlene. "Dietetics--A Look at the Profession." American Journal of Nursing, November, 1970, pp. 2402-5.

e. *"Extending the Scope of Nursing Practice." American Journal of Nursing, December, 1971, pp. 2346-51.

f. Hayes, Marsden H. "Pharmacists Need Nurses. Nurses Need Pharmacists. Patients Need Both." American Journal of Nursing, April, 1972, pp. 723-724.

g. Holmes, Jean E. "The Physical Therapist and Team Care." Nursing Outlook, March, 1972, pp. 182-4.

h. *Patterson, E. A. and Stence, F. L. "Thinking Together to Solve Care Problems." American Journal of Nursing, August, 1970, pp. 1703-6.

i. Piepgrass, Ruth. "The Other Dimension: Spiritual Help." American Journal of Nursing, December, 1968, pp. 2610-3.

j. West, Wilma. "Occupational Therapy: Philosophy and Perspective." American Journal of Nursing, August, 1968, pp. 1708-11.

IV. PROFICIENCY ASSIGNMENT

Instructions:

Using the form on the next page, the nurse will:

A. enter in the appropriate column the professional designation of several types of health team members.

B. discuss with her instructor the purpose and the expected outcomes of her interviews, before talking with designated health team members.

C. select personnel on a health team who fit each professional designation that she has chosen and talk with each person about his educational background and professional activities.

D. enter in the appropriate columns the functions and qualifications of each designated health team member.

E. submit completed form to her instructor.

FUNCTIONS AND QUALIFICATIONS OF SELECTED MEMBERS OF THE HEALTH TEAM

PROFESSIONAL DESIGNATION	FUNCTIONS	QUALIFICATIONS

Module #9

THE NURSING TEAM

I. OVERALL OBJECTIVE

The nurse will be able to identify members of the nursing team and utilize its resources in giving nursing care.

II. SUB-OBJECTIVES

The nurse will be able to:

A. identify and describe the area of function of the various nursing personnel utilized by a health facility, such as nursing assistant, L.P.N., and R.N.

B. work cooperatively with other nursing team members in caring for patients.

C. contribute pertinent information in nursing team conferences.

III. EXPERIENCES

A. Classroom:

1. Reviewing methods utilized in the delivery of nursing care.
2. Sharing with the instructor her experience as a team member in caring for a selected patient.

B. Clinical Laboratory:

1. Observing members of the nursing team at work.
2. As a team member, giving nursing care to a selected patient.

C. Library:

1. Handout:

"Nursing Organization"

2. References:

a. Beltran, Helen G., et al. "Guide for Leadership in Team Nursing." The League Exchange, 1961, No. 54.

b. Brooks, Ethel A. "Team Nursing--1961." American Journal of Nursing, April, 1961, pp. 87-91.

c. Campbell, Emily. "The Clinical Nurse Specialist: Joint Appointee." American Journal of Nursing, March, 1970, pp. 543-6.

d. Hamil, Evelyn. "The Changing Director of Nurses." Nursing Outlook, December, 1969, pp. 64-5.

e. Hannan, Anne; Judy, Esther; and Colasanti, Estella. "The Head Nurse Functions in the Team Plan." American Journal of Nursing, August, 1951, p. 500.

f. Kramer, Marlene. "Team Nursing - A Means or an End?" Nursing Outlook, October, 1971, pp. 648-652.

g. Peterson, Grace G. "Do Nursing Administrators Need Advanced Clinical Preparation?" American Journal of Nursing, February, 1970, pp. 297-303.

IV. PROFICIENCY ASSIGNMENT

Instructions:

A. Using the form in this module, the nurse will:

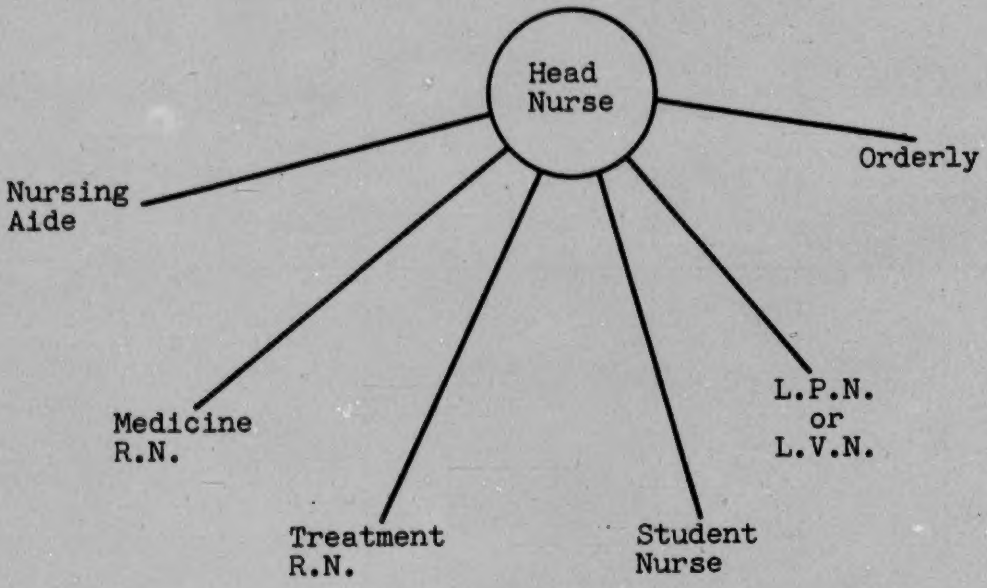
1. enter in the appropriate column the designation of each type of nursing team member employed by her facility.
2. enter in the appropriate columns the functions and qualifications of each designated team member.
3. submit the completed form to her instructor.

B. The nurse will report to her instructor or in a group conference

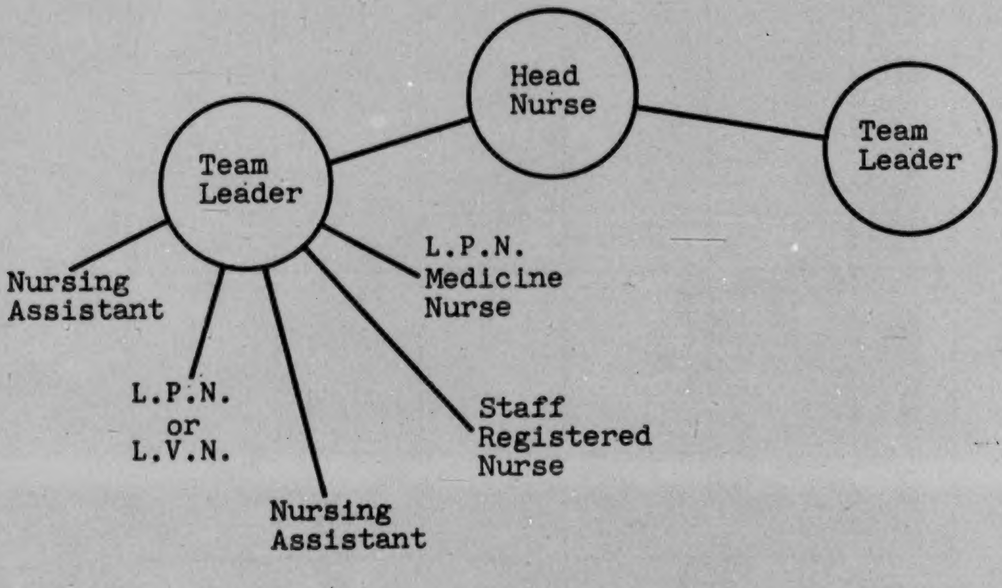
1. one contribution she has made to a team conference.
2. one instance in which she has helped another team member.

NURSING ORGANIZATION

TRADITIONAL ORGANIZATION


Head Nurse
Orderly
Nursing Aide
Medicine R.N.
Treatment R.N.
Student Nurse
L.P.N. or L.V.N.

TEAM NURSING ORGANIZATION


Head Nurse
Team Leader
Team Leader
Nursing Assistant
L.P.N. Medicine Nurse
L.P.N. or L.V.N.
Staff Registered Nurse
Nursing Assistant

FUNCTIONS AND QUALIFICATIONS OF EACH NURSING TEAM MEMBER

DESIGNATION	FUNCTIONS	QUALIFICATIONS

Module 10

THE NURSING PROCESS

I. OVERALL OBJECTIVE

The nurse will be able to use a problem-solving approach in planning nursing care for a patient.

II. SUB-OBJECTIVES

Given a hypothetical case, the nurse will be able to:

A. obtain a nursing history of the patient.

B. assess the patient's present health functioning.

C. compare the patient's present health functioning with norms or usual characteristics for age, sex, culture, religion, race, and social class.

D. develop a Nursing Care Plan for the patient.

E. describe the implementation of the Nursing Care Plan.

F. describe methods of evaluating the results of nursing action.

G. suggest possible revisions in the Nursing Care Plan she has developed.

III. EXPERIENCES

A. Classroom: Group discussion of a Nursing Care Plan.

B. Laboratory: Audio-visuals.

C. Library:

1. Handouts:
   a. "Twenty-one Nursing Problems"
   b. "Mrs. Belmont--A 'Good' Patient" - A Case Study by Thelma Ingles
   c. "Use of the Problem-Solving Approach"

2. References:

a. Bloom, Judith T. and others. "Problem Oriented Charting." American Journal of Nursing, November, 1971, pp. 2144-2148.

b. Bonkowsky, Marilyn L. "Adapting the POMR to Community Child Health Care." Nursing Outlook, August, 1972, pp. 515-518.

c. *Carlson, Sylvia. "A Practical Approach to the Nursing Process." American Journal of Nursing, September, 1972, pp. 1589-1591.

d. Cornell, S. and Brush, F. "Systems Approach to Nursing Care Plans." American Journal of Nursing, July, 1970, pp. 1376-8.

e. Davis, E. D. "Give a Bath?" American Journal of Nursing, November, 1970, pp. 2366-7.

f. *Garant, Carol. "A Basis for Care." American Journal of Nursing, April, 1972, pp. 699-701.

g. Lewis, Edith. "Action for Change: 2. Four Nurses Who Wanted to Make a Difference." American Journal of Nursing, April, 1969, pp. 777-82.

h. Lewis, Lucile. "This I Believe. . .About the Nursing Process--Key to Care." Nursing Outlook, May, 1968, pp. 26-9.

i. Levine, M. E. "The Intransigent Patient." American Journal of Nursing, October, 1970, pp. 2106-11.

j. *McPhetridge, L. Mae. "Nursing History: One Means to Personalize Care." American Journal of Nursing, January, 1968, pp. 68-75.

k. Mansfield, Elaine. "Care Plans to Stimulate Learning." American Journal of Nursing, December, 1968, pp. 2592-3.

l. Murray, Jeanne B. "Self-Knowledge and the Nursing Interview." Nursing Forum, 1963, pp. 69-78.

m. Newman, Margaret. "Identifying and Meeting Patient's Needs in Short-Span Nurse-Patient Relationships." Nursing Forum, 1966, pp. 76-86.

n. *Pardee, Geraldine, et al. "Patient Care Evaluation is Every Nurse's Job." American Journal of Nursing, October, 1971, pp. 1958-60.

o. Rothberg, June S. "Why Nursing Diagnosis?" American Journal of Nursing, May, 1967, pp. 1040-2.

p. Rubin, Charlene F., et al. "Nursing Audit--Nurses Evaluating Nursing." American Journal of Nursing, May, 1972, pp. 916-21.

q. Schell, Pamela L. and Campbell, Alla T. "Problem-Oriented Medical Records - Not Just Another Way to Chart." Nursing Outlook, August, 1972, pp. 510-514.

r. Schmidt, Joan. "Availability: A Concept of Nursing Practice." American Journal of Nursing, June, 1972, pp. 1086-9.

s. Sheahan, Sister Dorothy. "The Name of the Game: Nurse Professional and Nurse Technician." Nursing Outlook, July 1972, pp. 440-444.

t. Smith, Dorothy M. "A Clinical Nursing Tool." American Journal of Nursing, November, 1968, pp. 2384-8.

u. Smith, Dorothy. "Writing Objectives as a Nursing Practice Skill." American Journal of Nursing, February, 1971, pp. 319-20.

v. Thoma, Delores and Peltman, Karen. "Evaluation of Problem-Oriented Nursing Notes." Journal of Nursing Administration, May/June, 1972, pp. 50-52.

w. Wagner, Berniece M. "Care Plans, Right, Reasonable, and Reachable." American Journal of Nursing, May, 1969, pp. 986-90.

x. Zimmerman, D. S. and Gohrke, C. "The Goal Directed Nursing Approach: It Does Work." American Journal of Nursing, February, 1970, pp. 306-10.

IV. PROFICIENCY ASSIGNMENT

Instructions:

A. The nurse should complete the Word List.

B. The nurse should complete the Study Guide for a Hypothetical Patient.

WORD LIST

Instructions: The student should write in the definitions of those terms that are new or unclear to her.

1. assessment
2. empathy
3. nursing action
4. nursing appraisal
5. nursing approach
6. nursing history
7. nursing judgment
8. nursing process
9. priorities
10. validate

TWENTY-ONE NURSING PROBLEMS

Group I: The nursing problems are basic--they are presented to some degree by all patients regardless of the specific health problem that may confront the patient. Such problems are apt to be both overt and covert and identification of the problem may call for direct and/or indirect methods of approach.

1. To maintain good hygiene and physical comfort.
2. To promote optimal activity; exercise, rest, and sleep.
3. To promote safety through prevention of the spread of infection, prevention of accident, injury, or other trauma.
4. To maintain good body mechanics and prevent and correct deformities.

Group II: This group of problems relates to normal and disturbed physiological body processes. The major problems here are usually overt, and the identification of such problems usually involved a direct approach, i.e., observation of color, cardinal signs, position, skin, etc., and specific questions designed to elicit relevant information, i.e., character, extent, and duration of pain.

5. To facilitate the maintenance of a supply of oxygen to all body cells.
6. To facilitate the maintenance of nutrition of all body cells.
7. To facilitate the maintenance of elimination.
8. To facilitate the maintenance of fluid and electrolyte balance.

9. To recognize the physiological responses of the body to disease conditions -- pathological, physiological, and compensatory.
10. To facilitate the maintenance of regulatory mechanisms and functions.
11. To facilitate the maintenance of sensory function.

Group III: This group involves mainly emotional and interpersonal difficulties. The problems are usually covert and require indirect methods, i.e., listening, reflecting, open-end questions etc., for identification.

12. To identify and accept positive and negative expressions, feelings, and reactions.
13. To identify and accept the interrelatedness of emotions and organic illness.
14. To facilitate the maintenance of effective verbal and nonverbal communication.
15. To promote the development of productive interpersonal relationships.
16. To facilitate progress toward achievement of personal spiritual goals.
17. To create and/or maintain a therapeutic environment.
18. To facilitate awareness of self as an individual with varying physical, emotional, and developmental needs.

Group IV: This group involves sociological or community problems as well as individual ones. They may be overt or covert and therefore require either direct or indirect approach.

19. To accept the optimum possible goals in the light of limitations, physical and emotional.
20. To use community resources as an aid in resolving problems arising from illness.
21. To understand the role of social problems as influencing factors in the cause of illness.

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Abdellah, Faye G., Beland, Irene L, Martin, Almeda, and Matheney, Ruth V. Patient-Centered Approaches to Nursing. New York, The Macmillan Co., 1961.

"MRS. BELMONT - A 'GOOD' PATIENT"

A Case Study

Mrs. Belmont was an attractive 30-year-old woman who came to the hospital following a hemorrhage from ruptured esophageal varices. When I first saw her I was struck by a kind of pleading look in her eyes--she seemed to be begging for help without saying a word. She greeted me with great friendliness and told me how nice everyone on the ward was to her. She then asked if I would like to see the things her friends had sent her. She said they had all decided to send "things" instead of flowers, and she was glad they did because flowers in a hospital made her feel sad. "They remind me of a funeral," she said. As she talked, her fingers were constantly busy, picking up this and that, touching her hair, arranging and rearranging her pajama collar.

She said, "This morning I had a cardiac catheterization." "How was that?" I asked. She replied, "It wasn't as bad as I expected. They didn't go into my heart; just put the tube into my liver vein. You see, my problem is my liver. I have what they call protal hypertension. I had seven miscarriages, and after the last one, they took my spleen out. Then I got an abscess and it caused a blockage of the vein that brings blood to my liver. Now the blood backs up into the veins in my esophagus. I've had six hemorrhages!" "Six," I repeated. "Yes," she said, "and I've had a lot of transfusions. Now I have trouble when I get a transfusion. I get a reaction." "You get a reaction?" I asked. "Yes, I get chills and a fever. They say I've had so many transfusions that I am now very sensitive. I dread having a transfusion now, but the doctors tell me they will find blood that I can take without a reaction. I hope so, because, you see, I am hoping that they are going to be able to operate on me soon."

I asked, "They are planning to operate on you?" She replied, "Yes, and I hope they can. You see, I want a baby very much. My husband wants a baby, too. He loves children. We have our name on the orphanage list, and they say that if I can get a doctor's okay, we can then adopt a baby."

After I left Mrs. Belmont, I looked at her chart, and read that the surgeons were planning to operate, hoping to do a portal-caval shunt. I visited Mrs. Belmont for several days prior to surgery. The doctors hoped to "build her up" as much as possible.

One day when I called, her husband was there. She said to me, "He misses me so much. You see, we haven't any children." He said, "I've got you. That's enough for me." After he left, she said, "We were married right after we finished high school. He says that he had his eyes on me way back when we were freshmen; that he knew he was going to marry me after our first date. He is so good to me. He says he doesn't care because we haven't any children. I know he does care though."

The morning Mrs. Belmont went to surgery she was, despite medications, very alert. She talked continuously, at the same time holding my hand very tightly. When the sodium pentothal was started she was talking about going to a square dance.

In surgery the doctors found that her portal vein was completely thrombosed, and they were thus unable to do a portal-caval shunt. I dreaded seeing her after the operation, for I knew how much she hoped for successful surgery. When she opened her eyes in the recovery room and saw me, she asked, "Was it successful?" I told her I hadn't seen her surgeon since the operation, and I couldn't say. She squeezed my hand.

During the days following surgery, Mrs. Belmont personified the "good" patient. She did not cry, or show depression in any way. Rather she kept up a kind of forced good humor. One morning she greeted me with, "Have you heard the good news?" When I said, "Good news?" she replied, "They are going to try another operation. I am so pleased." At this point, she began to cry, and said, "This time it's just got to be all right. It's just got to be. We want a baby so much."

In the second operation, the surgeon excised the esophageal varices. One day following the operation, she said to me, "I am very upset." When I asked why, she said, "This morning one of the doctors came in and I asked him about adopting a baby. He said he would be glad to write a letter to the orphanage saying that my health would now permit me to care for a baby. A little later another doctor came in and when I asked his opinion he said he thought I ought to give up the idea of adopting a baby."

I said, "It worries you that the two doctors don't seem to agree?" "Yes," she replied. "I want a baby very much, but I also want to be fair. It wouldn't be fair if I got a baby, and then something happened to me. Would it?"

Discussion Questions

What method was this patient using in order to have the nurses like her?

Why do you think it was important for her to be liked?

What is portal hypertension? Why is it often complicated by esophageal varices?

Do you think this patient had an accurate understanding of her physical problems?

When may a transfusion be a dangerous therapeutic measure? What symptoms may indicate a reaction?

What information may the doctor gain from a hepatic vein catheterization?

What preparation should be given the patient prior to the procedure?

How might a nurse handle the patient's last remark? Has the patient reached her own decision?

Reprinted from: Nursing Outlook, March, 1958.

Reprinted with permission of: The American Journal of Nursing Company.

Article by: Thelma Ingles,
Associate Professor of Nursing Education,
Duke University, Durham, North Carolina.

Questions by: Frances Kreuter,
Associate Professor of Nursing Education,
Teachers College,
Columbia University, New York, New York.

USE OF THE PROBLEM-SOLVING APPROACH

The problem-solving approach is a way of thinking and exploring problems in an organized and somewhat scientific manner that can be helpful to the nurse as she works with the patient. A person may use and alter the problem-solving method in different ways, but the steps are essentially the same. Research workers use the problem-solving method routinely and almost automatically, and anyone who becomes familiar with it and skilled in its use will handle many problems quickly and effectively without being fully aware of the steps involved. Care becomes individualized rather than stereotyped, and misconceptions about a patient can be kept at a minimum.

The following steps and questions used in the problem-solving method are suggested to arrive at a clear and systematic appraisal of the patient's needs and problems. They are questions that the nurse raises in her own mind while working with the patient and are not intended to be asked of the patient.

Step 1: Identifying the Problem

What do I already know about the patient?

Why is the patient here for help?

What need is the patient expressing or trying to express?

What feelings and ideas are being expressed by the patient? By the nurse?

What is the nursing difficulty or problem?

What is the patient's problem?

In the first step, the nurse tries to make a nursing diagnosis about the patient's problems and needs, and some assessment of the related nursing problems.

Step 2: Gathering Information

What do I observe about the patient in my interactions with him?

What additional information do I need to understand as I continue to work with the patient?

What members of the health team and other persons can help provide such information about the patient?

In this step, the nurse secures information from her interactions with the patient and from her interactions with others to get a full, clear picture.

Step 3: Meaning of the Observations and the Information

What do my observations about the patient mean?

How do they relate to other facts and data received about the patient?

What are the obvious needs of the patient? The less obvious?

Why is he behaving the way he does?

How might I be influencing his behavior? How might others?

What is the meaning behind what he said? What didn't he talk about? Why?

In this step, the nurse begins to form clearer ideas about the meaning of the patient's behavior and picks up clues about his nursing-care needs. These needs become clearer as the facts and the observations are brought together and discussed in nursing conferences and with other staff members familiar with the patient.

Step 4: Helping the Patient

What are some of the proposed treatment plans for the patient?

What are the nursing-care goals?

How can these goals be met with maximum therapeutic benefits for the patient?

How does the nurse deal with and work through specific nursing-care problems and needs of the patient?

This step of problem-solving is concerned with the therapeutic ways to help the patient with his problems and needs.

Step 5: Effect on the Patient

What seemed to help the patient? Why?

What factors seemed to change the patient's behavior favorably? Unfavorably?

What were some of the therapeutic ways in which the nurse helped the patient?

Were the patient's needs fulfilled? Were his health problems resolved or decreased?

What helpful nursing techniques might be tested and used in similar nurse-patient situations?

In this step, the nurse appraises her own course of action and its effect on the patient. She identifies what she did that was most helpful to the patient and what was less helpful to him. She re-examines the nursing-care goals. Discussion with other staff members is valuable to appraise the overall treatment goals and the progress of the patient.

Steps of Problem-Solving in Helping Patients:

What worked?
Why?
Step 5

How can we help
the patient?
Step 4

What do the
data mean?
Step 3

What do I
know about
the patient?
Step 2

What is the
problem?
Step 1

Reprinted with permission of: Hofling, Charles K., Leininger, Madeleine M., and Brigg, Elizabeth. Basic Psychiatric Concepts in Nursing. J. B. Lippincott, Philadelphia, 1967, pp. 56-58.

STUDY GUIDE FOR NURSING PROCESS

1. From information obtained in class on a hypothetical patient, the nurse should complete the Nursing History Form.
2. Using this information, the nurse should plan nursing care, approach, and evaluation for this patient.

Problem	Approach	Evaluation

3. The nurse should identify all drugs used for this patient:

Name	Mode of Admission	Dosage	Times Given	Expected Result	Expected Time of Effect	Contraindications Side Effects, Interactions

GROWTH AND DEVELOPMENT

I. OVERALL OBJECTIVE

The nurse will be able to identify one patient's developmental level in formulating a Nursing Care Plan.

II. SUB-OBJECTIVES

Having selected a specific patient, the nurse will be able to develop a Nursing Care Plan appropriate to the patient's developmental level. In doing so the nurse will be able to:

A. obtain a nursing history of her patient.
B. assess the patient's present health functioning.
C. compare the patient's present health functioning with norms or usual characteristics for age, sex, culture, religion, race, and social class.
D. develop a Nursing Care Plan for her patient.
E. implement Nursing Care Plan.
F. evaluate results of nursing action.
G. revise the Nursing Care Plan.
H. identify all drugs administered to her patient.

III. EXPERIENCES

A. Classroom:
    1. Discussing in a group "Levels of Behavior."
    2. Reporting to the group on the nurse's selected patient using her completed study guide for this module.

B. Laboratory:
    1. Educational: Audio-visuals.
    2. Clinical: Care of a selected patient.

C. Library:

1. Handouts:

    a. "Levels of Behavior"

    b. "Ten Safety Signs for Good Mental Health"

    c. "Emotional Maturity"

2. References:

    a. Beland, Irene L. Clinical Nursing. London, The Macmillan Company, 1970. (Chapters 1 and 7).

    b. Bellam, Gwendoline. "The First Year of Life." American Journal of Nursing, (June, 1969), pp. 1244-6.

    c. *Callahan, Catherine L. "The 1971 White House Conference on Aging." Nursing Outlook, (February, 1972), pp. 96-9.

    d. *De Jeans, S. "Empathy: A Necessary Ingredient of Care." American Journal of Nursing, (March, 1968), pp. 559-60.

    e. Erickson, E. H. Childhood and Society. New York, W. W. Norton and Co., Inc., 1950, pp. 219-34.

    f. Frenay, Sister Agnes Clare. "The Climate of Care for a Geriatric Patient." American Journal of Nursing, (September, 1971), pp. 1747-50.

    g. Levine, Myra. "The Pursuit of Wholeness." American Journal of Nursing, (January, 1969), pp. 93-8.

    n. Mereness, Dorothy. Essentials of Psychiatric Nursing. Saint Louis, The C. V. Mosby Co., 1970. (Chapters 2,3,4,5,6,7, and 8)

i. Mervyn, Frances. "The Plight of Dying Patients in Hospitals." American Journal of Nursing, (October, 1971), pp. 1988-90.

j. Moody, L., et al. "Moving the Past into the Present." American Journal of Nursing, (November, 1970), pp. 2353-6.

k. *Patton, J., et al. "Ministering to Parents' Groups in a Pediatric Hospital." American Journal of Nursing, (June, 1968), pp. 1290-2.

l. Phillips, Beatrice. "The Pied Piper of Baltimore." American Journal of Nursing, (February, 1971), pp. 304-5.

m. Ross, E. K. "What Is It Like to Be Dying?" American Journal of Nursing, (January, 1971), pp. 54-5.

n. Thomas, I., Flowers, P., and Varner, L. "A Project Called Well-Being." American Journal of Nursing, (June, 1969), pp. 1260-3.

o. Tuck, Barbara R. "The Geriatric Nurse, Pioneer of a New Specialty." RN, (August, 1972), pp. 35-43.

p. Wilson, S. L. "Come and See What Happened to Me." RN, (January, 1969), pp. 42-3.

q. "The Old in the Country of the Young." Time, (August 3, 1970), pp. 49-53+.

IV. PROFICIENCY ASSIGNMENT

The nurse should:

A. complete and discuss Word List.

B. complete the Study Guide for a selected patient.

WORD LIST

Instructions: The student should write in the definitions of those terms that are new or unclear to her.

1. adolescence
2. aging process
3. anger
4. anxiety
5. attitude
6. conflict
7. congenital
8. conscience
9. coping
10. dependency
11. empathy

12. estrogens

13. fear

14. genetic

15. identification

16. independence

17. insight

18. involution

19. longevity

20. motivation

21. need

22. peer group

23. personality

24. reinforcement

25. role

26. role model

27. self-concept

28. self-esteem

29. sexual identity

30. situational crisis

31. sympathy

LEVELS OF BEHAVIOR

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
I. Prenatal: Conception to Birth			
Goes from mother's circulation to own at birth.	Experiences anxiety: blind, free-floating, unanalyzable.	Total or complete dependence on mother to meet all his needs.	No movement at all.
Any activity is tentative, sporadic, generalized and poorly coordinated.	Feelings of peace and contentment being in a warm, well-protected environment.	Drowsiness and sleepiness for several days after birth.	Excessive uncoordinated movement.
Pressure on head during birth mobilizes the deep neural response in the cortex of the brain and stimulates process of myelinization of nerves which make integration and pathways of the CNS possible.	Dependent drives originate.	Passively moves into position for birth.	
	Feelings of privacy or sole possession originate here.		
	Id is present.		

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
I. Prenatal: Conception to Birth (con.)			
Pressure produced during birth over entire body stimulate the development of the peripheral nervous system by stimulating nerve endings. Can feel pain at birth.			
II. Infancy: Birth to One Year			
Unstable physiological functioning. Sleeping and waking are not well defined: fluctuations of states of consciousness.	Experiences pleasure of gratification primarily via mouth--gets pleasurable experience or sensation from sucking nourishment.	Tries to incorporate environment into self--everything he grasps goes into his mouth, which is the most satisfactory way to explore.	Having the presence of poor physical stability due to lack of physical and psychological contact with mother.

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
II. Infancy: Birth to One Year (con.)			
Sense of touch most developed around mouth, face and head.	Most responsive to tactile (touch).	Completely concerned with self and sensations--narcissism and egocentricism.	Frequent, persistent, all-absorbing, prolonged head-rocking, body-rocking, crib-rocking, steady head-banging.
Auditory sense well developed at birth.	Kinesthetic (movement) and auditory sensory experiences.	Mass response: reacts to things with his entire body.	Indifference to human company.
Develops vocal apparatus.	Gets security from breast feeding in that he is again reunited with mother.	Watches mother's expression to see her mood, listens to tone of her voice whether pleased or displeased.	Apathy.
Develops first teeth.	Becomes aware of mother and himself as separate beings.	Responds to mother's voice first by movement - later by smiling, cooing, or a few words.	
Frequent hiccoughs.	Gains security from rocking.		
Weaning begins--cup or spoon feedings.	Gains security from mother caring for physical needs.		
Goes from holding head up to sitting to crawling to perhaps walking by end of first year.			

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
II. Infancy: Birth to One Year (con.)			
	Mother is first in his world: first love object, first one to whom he desires to relate.	Uses crying to elicit maternal care and expressions of affections.	
	Basic need is security.	Pleasure principle--can't bear to be denied that which gives pleasure or relieves discomfort.	
	Distinguishes only between pleasure and absence of pleasure.		
	Learns his own body can give him pleasure and pain.		

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
III. Early Childhood: One Year to Three Years			
Grows rapidly taller. Gains muscular strength. Sits, crawls, climbs, walks, runs.	Becomes detached from mother in physical needs but attached to mother for emotional needs.	Have more parallel play in that they play side by side and not together.	Prolonged and complicated adaptation to toilet training and cleanliness.
Becomes skillful in using fingers for more intricate grasping.	Regards emptying of bowels and bladder a pleasurable sensation. Proud of body excrete; may play with these (anal period).	Talks only in a secure environment.	Tyrannical behavior, ruling the parents, dominating them.
Can go after wanted objects. Can run from fears. Acquires speech.	To submit to toilet training is his first attempt to modify instinctual wishes.	Negativism is present: expressed by "no" or tantrum behavior or uses his control of bladder and bowels as a weapon.	Quality of voice is constantly too harsh, shrill, uncontrolled. Constant purposeless motor activity.
Can feed self.	Focuses attention on excretory organs as a means of pleasurable sensations.	Do-it-myself attitude in doing things; very possessive.	

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
III. Early Childhood: One Year to Three Years (con.)			
Still has undifferentiation of both sides of his body--still uses two hands in most operations.	Needs constant expression and demonstration of affection from adults.	Tries hard to please, thus begins super-ego development.	
Bladder and bowel control come into being.	Very concerned about what other people feel about him.	Tends to demonstrate feelings by action more than by word, still.	
	Begins to absorb rules and regulations that will make him acceptable to family and society.	Attention span is short.	
	Learns method of interaction between mother and self, then uses these to interact with other people.	Constantly exploring--reality testing.	
		Begins to project bad qualities of mother to fictitious persons or other persons.	

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
IV. Later Childhood: Three Years to Six Years			
Increases in activity of sexual hormones.	Are in stages of sexual awareness due to curiosity about sexual matters.	Expresses feelings directly.	Excessive masturbating.
Growth leveled off.		Behavior often colorful or violent.	Spends long periods doing nothing.
Full set of baby teeth.	Interest is focused on genital area (genital stage).		Chronic tics and twitches.
Loss of first baby teeth by age of six.	Believes both sexes have a penis (phallic stage).	Girl tries on mother's clothes and plays with dolls and house.	May develop extreme mutilation fears.
Develops more individual look.	Psychosexual development of child is that of being attracted to own parent of opposite sex in manner of love for sexual gratification (oedipal stage).		
Gross muscle activity.		Boy may become protective toward mother and hostile to father due to oedipal stage.	
Use of small muscles better developed.			
	Awareness of pleasurable feeling in genital area.		

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
IV. Later Childhood: Three Years to Six Years (con.)			
	Personal value as a lovable person of himself is increased by self-pride and love of self.	Boy begins to copy father's actions, talk, etc. in identification.	
	Curious about bodies of others--especially their genital organs.	Some masturbation. Age of compulsions.	
	Father or father surrogate essential for emotional security.		
	Boy begins to identify with father and masculine sex.		

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
IV. Later Childhood: Three Years to Six Years (con.)			
	Girl wants to be loved by mother and begins to identify with mother as to feminine role.		
	Great feelings toward new sibling (sibling rivalry).		
	Realizes others besides parents can satisfy needs.		
	Has the social relationships of sympathy, aggression and leadership.		
	Learns value of "shock" words.		
	Realizes that everything he thinks is not true.		
	Has imaginary companions.		

Module #11 -- continued

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
IV. Later Childhood: Three Years to Six Years			
	Knows the harm he can suffer.		
V. Juvenile: Six Years to Twelve Years			
Rate of growth slows down.	Repressions of sexual curiosity--it is converted to intellectual curiosity.	Spends as much time as possible in the society of peers.	Secludes himself from all of his peers to read constantly.
Loss of teeth replaced with permanent which give appearance of being too large for face.	Obtains a new set of authority figures in teachers.	Restless and impatient--abrupt movements.	Deliberate breaking of laws constantly.
Doubles in muscular strength.	Develops new patterns of interpersonal relationships: Competition, cooperation, compromise and democratic procedures.	Acts indifferent toward opposite sex: as if they weren't there--it is the sex cleav-	Deliberate, malicious indulgence of impulses in sphere of agression.
Weight will double.			
Great motor activity.	Needs to be accepted by own group and sex (peers).		

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
V. Juvenile: Six Years to Twelve Years (con.)			
	Finds security and collective strength in gangs. Increased interest in own sex members.	Has many heroes or "crushes." Great formation of gangs. Clothes of no importance. Importance is placed on skills. Symbolism very prominent.	Emotional blandness with no feeling for others or responsibility. At 6 years, upon entering school, he resorts to thumb sucking, wetting, nail biting.
VI. Adolescence: Twelve Years to Twenty-one Years			
Increased body growth: girls first, then boys--very rapid.	Central theme is "to find one's self."	Explosive and unpredictable.	Gang organization to protect itself against society.

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
VI. Adolescence: Twelve Years to Twenty-one Years (con.)			
Onset of puberty: age 12 for girls, age 14 for boys.	Extremely sensitive and vulnerable.	Highly critical of parents.	Isolation of self in intellectual matters because of anxiety about sexual impulses.
	Extremely self-conscious.	Much dating and going steady.	
Awkward in early adolescence due to uneven growth.	Oedipal complex for both sexes has some revival.	Double dating is prevalent due to provision of group security.	Talks of suicide. Idealism that is a denial of reality.
Finally gains adult stature.	Revived interest in opposite sex.		Sexual delinquency.
High caloric intake in early adolescence--needs good nutrition.	Revival of religious feeling.	Struggles for independence from family.	Homosexuality.
	Has strong conflict in self between being dependent and independent.		
	Needs to be accepted by peers.		

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
VI. Adolescence: Twelve Years to Twenty-One Years (con.)			
	Begins to love.		
	Needs a deep, intimate relationship with another person.		
VII. Maturity: Twenty-One Years and Up			
Full physical maturity.	Must have abundant love in order to give it.	Hobbies.	Overuses defense mechanisms.
Growth usually stops.	Builds up self-love.	Usually marries.	Reverts to previous developmental stages.
	Takes full responsibility for actions.	Engages in activities solely for pleasure.	Narcissistic so that love cannot be given.
	Has personal philosophy and standards of ethics that are his own.	Loves without recompense.	Emotionally attached to those of own sex.

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
VII. Maturity: Twenty-One Years and Up (con.)			
	Independent economically, socially, and emotionally.	Will voice anger or disapproval when merited.	
	Postpones immediate pleasure for long-term value or goal.	Develops own resources by taking sustenance from environment.	
	Accepts reasonable dependence.		
	Develops satisfactory social adjustments.		
	Traits as man or woman fully developed.		
	Evaluates situation realistically and is not swayed by fear, prejudices, or superstitions.		

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
VII. Maturity: Twenty-One Years and Up (con.)			
	Establishes satisfactory heterosexual relationship.		
VIII. Aging: Forty-Five Years to Seventy Years			
Slowing of motor activity.	New roles in community taken on.	May begin to travel a lot.	Becomes secluded or isolates self.
Tendency to gain weight.	Develops new interests.	Retires from jobs.	No interest in life or others.
	Forms new friendships.		
Loss of muscle tone.	Great resurgence of philosophical, ethical, and religious aspects of living.	Engages in more social and civic activities.	Reverts to past developmental behavior.
Loss of pigment in skin and hair.			
Increased brittleness of bones.	Renewed interest in books, literature, art, etc.	Does not maintain level of productivity.	

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
VIII. Aging: Forty-Five Years to Seventy Years (con.)			
Greater sensitivity to temperature change, especially the cold.		Gives freely of experiences to young.	
Diminution of sensory faculties.			
Lowered resistance to infectious disease.			
IX. Old Age: Seventy Years and Up			
Atrophy of muscles (slight).	Increasingly dependent.	Gradual retrogression to behavior of younger days.	Reverts to incontinence.
Brain changes: atrophy, placques form.	Concerns focus on self.	May try to repair relationships before death.	Loses all concern about self-appearance.
Some rapidly lose health--others do not.	Change is tolerated poorly.		
	Needs tangible evidence of love and devotion.		

Physical Characteristics	Emotional Characteristics	Normal Behavior	Abnormal Behavior
IX. Old Age: Seventy Years and Up (con.)			
	Emotions withdrawn. Primarily fears having to be dependent, being lonely and chronic illness.		Has entire dependence on another.

TEN SAFETY SIGNS FOR GOOD MENTAL HEALTH

1. A tolerant, easy-going attitude toward yourself as well as others.
2. A realistic estimate of your own abilities--neither underestimating or overestimating.
3. Self-respect.
4. Ability to take life's disappointments in stride.
5. Liking and trusting other people and expecting others to feel the same about you.
6. Feeling a part of a group and having a sense of responsibility to your neighbors and fellowmen.
7. Acceptance of your responsibilities and doing something about your problems as they arise.
8. Ability to give love and consider the interests of others.
9. Ability to plan ahead and setting of realistic goals for yourself.
10. Putting your best efforts into what you do and getting satisfaction out of it.

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EMOTIONAL MATURITY

Emotional maturity, like mental health, is an ideal state, one toward which all of us, however well or ill, are striving. One of the difficulties of the public in understanding this subject is that too many of us in the professional field of psychiatry give the impression that we are concerned only with severely ill people, those who must be hospitalized. This has led to the belief that psychiatric problems are synonymous with illnesses that require commitment to mental hospitals.

Tonight I propose to discuss seven criteria of emotional maturity. I like to think of them as potential yardsticks for a bit of healthy personal introspection. They can serve, in some degree, as life goals, if one wants to achieve the most of his own personality.

1. ABILITY TO FUNCTION UNDER DIFFICULTY

The first of these I would like to define briefly as having the ability to deal constructively with reality. If we are reasonably mature we can play the cards that are dealt to us in life, keeping in mind that we can have much to say about these cards, and even quite a little about the game to which we sit down. If we are healthy it means that, of necessity, we have learned how to accept frustration with a fair degree of grace in order to gain something we want in the future.

Emotional maturity implies that refusal to take flight or to fight, inappropriately, when faced with difficult reality. It is easy to run off when blows fall. We find many ways of doing just that. Sometimes we run away by becoming ill. All too often fighting a situation destroys it rather than improving it. As mature individuals, we must devise ways of facing reality by constructive compromises which neither reduce us to taking flight nor press us to destroy what we cannot master.

2. CAPACITY TO CHANGE

A second criterion is having the capacity to adapt to change. Life is a continuing series of changes. Daily, each of us is confronted with new experiences and opportunities which require adaptation if we are to master them. How well we adapt and how successfully we master them depends upon our continuing growth. Many of the problems the psychiatrist sees are related to the failure of psychological growth. This "fixation on the past" inevitably causes problems, leading us to see our difficulties as external ones rather than problems within ourselves. We know "that other person" who is so rigid that he can't change at all. We are annoyed that he cannot, and describe him as "being stubborn" for behavior which we describe in ourselves as "being firm."

Failure to grow is apparent in the adult who continues to use the same kind of device he used to solve his childhood problems; the same kind of explanations and alibies. It is in our early formative years that we develop our basic pattern of response which becomes modified if we mature--or remains the same if we do not. Again, it's "the other person" who fails to profit from experience; repeating the same mistakes in problem-solving. Perhaps, so far as mental illness is concerned, one of our biggest problems is the disease called alcoholism. If this disease were contagious we would say it had created a national emergency, right now--with five million people afflicted with difficulty in handling the use of alcohol; never, apparently, being able to learn and profit from their experience. If we are to be mature, we must have resiliency, no matter what our age, to adjust, to adapt, to change.

3. TENSIONS AND ANXIETIES

A third criterion of emotional maturity could be described as having a relative freedom from symptoms that are produced by tensions and anxieties.

When there is conflict between reality and what we are or do, tension and anxiety may be felt. We may express this by such psychological devices or behaviors as unreasonableness, illogical thinking, irrational behavior, or in physical symptoms of headache or stomach pains.

In order to manage these conflicts between ourselves and reality, between our wishes and our better judgment, all of us develop psychological devices which we call "defense mechanisms." From a technical point of view, these are mobilized automatically when the signal of anxiety threatens. Since they are automatic and habitual, we are seldom aware of their functioning and even less aware of the distortion of reality which they sometimes introduce. One such device, frequently used by all of us, is "rationalization," which might be defined as "something I know for sure which will let me do what I want to do anyway"--even though we may realize in a clearer, calmer moment how wrong we are.

Another way to avoid the recognition of painful problems is to blame others for our own faults or our own desirable qualities. This is "projection." "It wasn't my fault we lost the game; it was his." Whatever is wrong is the "other person's doing."

Our emotions of anger, anxiety, depression, and the like often express themselves in physical symptoms through a kind of "body language," saying with symptoms what we are unable to say in words. For all its psychological origins, the pain of a headache is just as real as having hit it with a hammer. Hardly an organ system of the body does not sometimes express the concerns of its owner with dysfunctional symptoms, upsets, pains, etc. It has been estimated that 60-80% of all the symptoms which people take to their physicians for relief are related to emotional distress.

Wisdom grows from knowledge but we are so good at fooling ourselves that the wisdom of self-knowledge is not easy to come by. Our ability to recognize our use of these various devices does add to our emotional stability, since it increases our self-control. We become then the master of ourselves rather than the victim of our feelings. There is no short-cut to the relief from tensions and anxiety; this is a tense and anxious world. A certain amount of tension and anxiety is inevitable and even valuable, since a sense of anxiety, in moderate degree, urges us on to find better solutions to the problems that face us.

4. TO GIVE RATHER THAN RECEIVE

My fourth criterion is having the capacity to find more satisfaction in giving than in receiving. We come into the world one hundred per cent on the receiving end of the line with everything coming our way. Gradually, with growth, the process reverses.

From the mental health point of view, the mature adult is most often on the giving end. I hasten to say that no one should give up all gratification from receiving, for others, too, want to give. In fact, much giving results in receiving appreciation. We give love and enjoy receiving it in return. Obviously, if one gives only to be rewarded, or as a way of demanding appreciation, his motive is not a healthy one.

There is a relationship between one's capacity to give and what he receives. All of us have the need to depend upon someone else. We "need" a spouse to share with us, children to rejoice with us. Otherwise we miss much in life. We need to have refueling stations no matter how autonomous we think we are; quiet times, vacations, good friends, among others.

Good mental health requires the individual to have a cause, a mission, an aim in life that is constructive, bigger than himself, and so big he has to keep working on it. There is still validity in the old admonition, "If you would save your life, lose it." That is basic to mental good health, and following it is an indication of emotional maturity.

5. GETTING ALONG WITH OTHERS

The fifth criterion is having the capacity to relate to other people in a consistent manner with mutual satisfaction and helpfulness. This criterion is perhaps of particular significance to our greatest responsibility--our children.

This capacity of getting along with each other depends on various factors in our personalities. Going back to one that I've already mentioned, I don't believe anyone really can get along harmoniously with other people unless he is willing to give.

There are personality traits or characteristics which, with all our marvelous development in the field of psychology and personality testing, we have not found a way to test and measure some of the most important traits that we know the mature person has. They develop from the experience of growing up in a family where they are present. One of the most important of these traits in any personality is sincerity. We can quickly sense whether a person is sincere or insincere.

How do we measure integrity--that combination of honesty, fairness, dependability, and willingness to assume responsibility? How do we learn to accept criticism, from which we should learn to profit--if we are to mature? How do we learn to win modestly and lose graciously? These are hard questions, but all are facets of our capacity to relate to other people. The search to answer these questions continues for all of us, and is pant of the process of learning to look at ourselves objectively.

6. HATE AND GUILT

The sixth criterion is having the capacity to sublimate, to direct, one's instinctive hostile energy into creative and constructive outlets.

The recognition of our own aggressive acts, our own aggressive impulses, is basic to channeling them into constructive channels. This is so important if we are to be emotionally mature and mentally healthy. At times we turn this hostility onto ourselves. Unreasonable feelings of inferiority, the guilt that tortures without cause or reason, are examples of feelings that can paralyze and prevent doing something worthwhile. All of us have a certain degree of self-defeatism. The ultimate and extreme expression of hating one's self in this way is suicide.

Hate can be sublimated; it can be directed into constructive outlets, and it is the mature person who finds ways to do this, in the home and in the community, by activities of all sorts--work, recreation, creation. We need to learn how to direct more and more of our aggressive energy into outlets that would help ourselves and those around us.

7. THE NEED TO LOVE

Finally, the seventh criterion, and hands down, the most important, is having the capacity to love. By "love" I refer to a broad usage of the word "caring." How do we learn to care? As completely dependent infants, if we were fortunate, if we had parents who expressed their love by looking after us, we learned to love in return by developing an interdependence in our initial family. I would hope this allegiance could be maintained throughout life even when we are no longer dependent upon the original family unit.

From the family we learned to like and enjoy being with other people; give affection and interest to those outside the family. Later in life, for those of us fortunate enough, we found someone we loved very much. We started a new family by giving. We have been able to express that love by giving to each other, by giving to our children. The hope is that all of us might continue and extend our caring beyond the family, to our community, to our state, to our nation, to our very small world.

Love is the only neutralizing agent for hate. The world is filled with hate in so many forms. Hate begins in the minds of men--yours and mine. If we care enough, we must see this hate for what it is, then hopefully help more people to learn how to express their love by dealing with hate in constructive, creative activities that serve others.

An abstract from an address by
DR. ROY W. MENNINGER
President of The Menninger Foundation, Topeka, Kansas.

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STUDY GUIDE FOR GROWTH AND DEVELOPMENT

The nurse should:

1. select a patient of any age with any condition.
2. complete a nursing history form on that patient.

(She may also use this patient for any one of the other remaining modules. This would make a total of five nursing histories and six study guides to complete.)

Identify usual characteristics of growth and development for this patient's age group and sex	Identify characteristics manifested by this patient which differ from the usual:
Physical	
Intellectual	
Psychosocial	

Using the above information, plan nursing care for this patient.

Problem	Approach	Evaluation

Identify all drugs used for this patient:

Name	Mode of Administration	Dosage	Times Given	Expected Result	Expected Time of Effect	Contraindications, Side Effects, Interaction with other Drugs

PSYCHOSOCIAL ADAPTATION AND PERSONAL INTEGRATION

I. OVERALL OBJECTIVE

The nurse will be able to develop a Nursing Care Plan for a patient focusing on problems related to psychosocial adaptation and personal integration.

II. SUB-OBJECTIVES

The nurse, having selected a specific patient, will, in view of the theories of growth and development, sociology, stress, and crisis, be able to:

A. obtain a nursing history of the patient.
B. assess the patient's present health functioning.
C. compare the patient's present health functioning with norms or usual characteristics for age, sex, culture, religion, race, and social class.
D. develop a Nursing Care Plan for her patient.
E. implement Nursing Care Plan.
F. evaluate results of nursing action.
G. revise Nursing Care Plan as needed.
H. identify all drugs administered to her patient.

III. EXPERIENCES

A. Classroom: In contributing to a Group Discussion, the nurse will:
    1. read and report on one reference in this module.
    2. report on her selected patient using her completed study guide for this module.

B. Laboratory:

1. Educational: Audio-visuals.

2. Clinical: Care of a selected patient.

C. Library:

1. Handouts: none.

2. References:

a. Aguilera, D. C., Messick, J. M., and Farrell, M. S. *Crisis Intervention, Theory, and Methodology*. St. Louis: C. V. Mosby, 1970.

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c. Briggs, Barbara. "Instant Help by Telephone." *American Journal of Nursing*, April, 1972, pp. 731-732.

d. Davitz, Lois. "Where Did You Grow Up? *American Journal of Nursing*, October, 1971, pp. 1974-8.

e. Eisenberg, P. B. "Rest In Peace, Ruthless Roger." *American Journal of Nursing*, January, 1970, p. 132.

f. Fallon, Barbara. "And Certain Thoughts Go Through My Head." *American Journal of Nursing*," July, 1972, pp. 1257-1259.

g. Field, William E. Jr. "Watch Your Message." *American Journal of Nursing*, July, 1972, pp. 1278-1280.

h. Gage, Frances B. "Suicide in the Aged." *American Journal of Nursing*, November, 1971.

i. Harris, Thomas. *I'm O.K., You're O.K.* New York: Harper and Row, 1969.

j. Hoffman, E. "Don't Give Up on Me." *American Journal of Nursing*, January, 1971, pp. 60-2.

k. *Renshaw, Domeena C. "Psychiatric First Aid in an Emergency." *American Journal of Nursing*, March, 1972, p. 497.

l. Selye, Hans. "The Stress Syndrome." American Journal of Nursing, March, 1965, pp. 97-9.

m. *Some Facts about Suicide Causes and Prevention. National Institute of Mental Health, National Institutes of Health, Bethesda, Maryland, 20014. Public Health Service Publication, #852, Health Information Series, #101.

n. *Thomas, M. D., Baker, J. M., and Estes, N. J. "Anger: A Tool for Developing Self-Awareness." American Journal of Nursing, December, 1970, pp. 2586-90.

o. Wolff, Ilse S. "Acceptance." American Journal of Nursing, August, 1972, p. 1412.

3. Programmed Instruction

a. *"Anxiety--Recognition and Intervention." American Journal of Nursing, September, 1965, pp. 129-52.

b. *"Understanding Hostility." American Journal of Nursing, October, 1967, pp. 2131-50.

IV. PROFICIENCY ASSIGNMENT

Instructions:

The nurse will:

A. complete and discuss the Word List.

B. complete the Study Guide.

WORD LIST

Instructions: The student should write in the definitions of those terms that are new or unclear to her.

1. adaptive behavior

2. aggression

3. alienation

4. ambivalence

5. blocking

6. body image

7. catharsis

8. conflict

9. confusion

10. crisis

11. depression

12. disorientation

13. fragmented thinking

14. General Adaptation Syndrome (G.A.S.)

15. grief

16. guilt

17. hostility

18. hysteria

19. impulsiveness

20. inferiority

21. inhibition

22. isolation

23. overcontrolling

24. panic

25. phobia
26. regression
27. rejection
28. separation anxiety
29. sick role
30. situational crisis
31. stress
32. suicide
33. withdrawal

STUDY GUIDE FOR
PSYCHOSOCIAL ADAPTATION AND PERSONAL INTEGRATION

The nurse should:

1. select a patient with a psychosocial problem.
2. summarize the problem.
3. complete a nursing history on this selected patient.

Identify usual characteristics for patient's age and sex	Identify characteristics manifested by this patient
Physical Characteristics	Physical Appearance
Emotional and Intellectual Characteristics	Emotional and Intellectual Functioning
Social Characteristics	Social Functioning

Using the above information, plan nursing care for this patient.

Problem	Approach	Evaluation

Identify all drugs used for this patient:

Name	Mode of Administration	Dosage	Times Given	Expected Result	Expected Time of Effect	Contraindications, Side Effects, Interactions with other Drugs

HOMEOSTASIS

I. OVERALL OBJECTIVE

The nurse will be able to develop a Nursing Care Plan for a patient with a body fluid disorder.

II. SUB-OBJECTIVES

Having selected a patient with a body fluid disorder, the nurse will be able to:

A. obtain a nursing history of the patient.

B. complete study guide on electrolytes, non-electrolytes, and blood gases.

C. write a Nursing Care Plan for her patient.

D. implement the Nursing Care Plan in giving direct nursing care to her patient.

E. evaluate results of her nursing action.

F. revise Nursing Care Plan.

G. identify all drugs administered to her patient.

III. EXPERIENCES

A. Classroom: In contributing to a group discussion, the nurse will:

   1. read one reference on Homeostasis and report orally.
   2. report on her selected patient, using her completed study guide.

B. Laboratory

   1. Educational: Selected audio-visual aids.

2. Clinical:
    a. Care of a selected patient with a body fluid disorder.
    b. Nursing activities, if available
        i. Dialysis
        ii. Circulation:
            Rate and character of heart rate
            Radial, apical, and pedal pulse
            Radial-apical deficit
            Blood pressure
            Control bleeding by pressure
            Central venous pressure
            Blood transfusion
            Pacemaker
            Cardiac monitor
            Cardio-pulmonary resuscitation

C. Library:
1. Handouts:
    a. "The Respiratory System"
    b. "Your Heart and How It Works"
    c. "Fluid and Electrolyte Imbalances"
2. References:
    a. Abbey, J. C. "Nursing Observation of Fluid Imbalance." Nursing Clinics of North America, March, 1968, pp. 77-86.

b. Bain, Barbara. "Pacemakers and the Patients Who Need Them." American Journal of Nursing, August, 1971, pp. 1582-5.

c. *Betson, Carol and Ude, Linda. "Central Venous Pressure." American Journal of Nursing, July, 1969, pp. 1466-8.

d. *Burgess, Richard E. "Fluids and Electrolytes." American Journal of Nursing, October, 1965, pp. 90-5.

e. Carnes, Giles D. "Understanding the Cardiac Patient's Behavior." American Journal of Nursing, June, 1971, pp. 1187-8.

f. Jackson, Bettie Springer. "Chronic Peripheral Arterial Disease." American Journal of Nursing, May, 1972, pp. 928-34.

g. Lamberton, Martha M. "Cardiac Catheterization: Anticipatory Nursing Care." American Journal of Nursing, September, 1971, pp. 1718-21.

h. *Minckley, Barbara. "Expert Nursing Care for Burned Patients." American Journal of Nursing, September, 1970, pp. 1888-93.

i. Sapperstein, Michael. "Dialysis." American Journal of Nursing, January, 1972, p. 85.

j. Sedlock, Stephanie A. "Detection of Chronic Pulmonary Disease." American Journal of Nursing, August, 1972, pp. 1407-1411.

k. Sun, Rhoda Lee. "Trendelenburg's Position in Hypovolemic Shock." American Journal of Nursing, September, 1971, pp. 1758-9.

3. Programmed Instruction:

a. *"Intravenous Infusion of Vasopressors." American Journal of Nursing, November, 1965, pp. 129-52.

b. *Meehan, Marjorie. "EKG Primer." American Journal of Nursing, November, 1971, pp. 2195-202.

c. *"Potassium Imbalance." American Journal of Nursing, February, 1967, pp. 343-66.

IV. PROFICIENCY ASSIGNMENT

Instructions:

The nurse will:

A. complete and discuss the Word List.

B. work out the Study Guide.

C. complete the exercise "Nursing Management of the Patient with Myocardial Infarction."

WORD LIST

Instructions: The student should write in the definitions of those terms that are new or unclear to her.

1. acidosis
2. alkalosis
3. antidiuretic hormone (ADH)
4. bradycardia
5. carbon dioxide narcosis
6. coronary occlusion
7. dehydration
8. dependent edema
9. diaphoresis
10. diffusion
11. effusion

12. electrolyte

13. embolism

14. extracellular

15. filtration

16. generalized edema

17. hemolysis

18. hypercalcemia

19. hypercapnia

20. hyperkalemia

21. hypertonic solution

22. hypophysis

23. hypotonic solution

24. infarction

25. infusion

26. interstitial fluid

27. intracellular

28. isotonic solution

29. milliequivalent

30. myocardial infarction

31. nonelectrolyte

32. osmotic pressure

33. osmosis

34. partial pressure

35. pH

36. physiologic solution

37. pitting edema

38. pituitary gland

39. pyogenic

40. specific gravity

41. Stokes-Adams syndrome

42. tachycardia

43. vasopressin

NURSING MANAGEMENT OF THE PATIENT WITH MYOCARDIAL INFARCTION

True or False Statements

DIRECTIONS: Mark each statement T or F.

_____ 1. Since the advent of CCU's, heart attack mortality has been reduced to 10%.

_____ 2. Every community hospital should have a CCU facility.

_____ 3. The major advantage of the cardiac monitor is that it enables preventive treatment.

_____ 4. Desirable qualities of CCU nurses are - emotionally stable, competent general practitioner, willing to study.

_____ 5. Patients are eager to transfer from the CCU.

_____ 6. Major complications after heart attack are shock, arrhythmias, and heart failure.

_____ 7. The heart can dilate and speed its rate to increase its output.

_____ 8. Atherosclerosis is calcium deposited in artery walls.

_____ 9. Social and cultural habits may have as much influence as diet in causing atherosclerosis.

_____10. Wrap warmly and put to bed an individual experiencing a heart attack.

_____11. Nitroglycerin should never be left at the patient's hospital bedside.

_____12. Substituting saturated fats for poly-unsaturated fats is recommended as preventing atherosclerosis.

_____13. Ambulances equipped and staffed to give emergency cardiac care are developing in large cities.

_____14. Surgical treatment for atherosclerosis is proving highly effective.

_____15. Heart transplantation will probably make heart attacks unknown in the future.

_____16. Regular, moderate exercises can help prevent heart attack.

_____17. If resuscitation efforts are effective, pupils will be fixed and dilated.

_____18. Initiating mouth-to-mouth breathing is the first step of resuscitation.

_____19. There should always be a maximum sense of urgency in starting CPR.

_____20. For effective external cardiac compression the victim must be lying on a firm surface.

_____21. If there is a question of the duration of the arrest, CPR should be initiated.

_____22. The nurse may decide when to terminate CPR efforts.

_____23. Most heart attack victims can return to their previous jobs.

_____24. Prevention and treatment of heart attack is the most critical health problem for Americans today.

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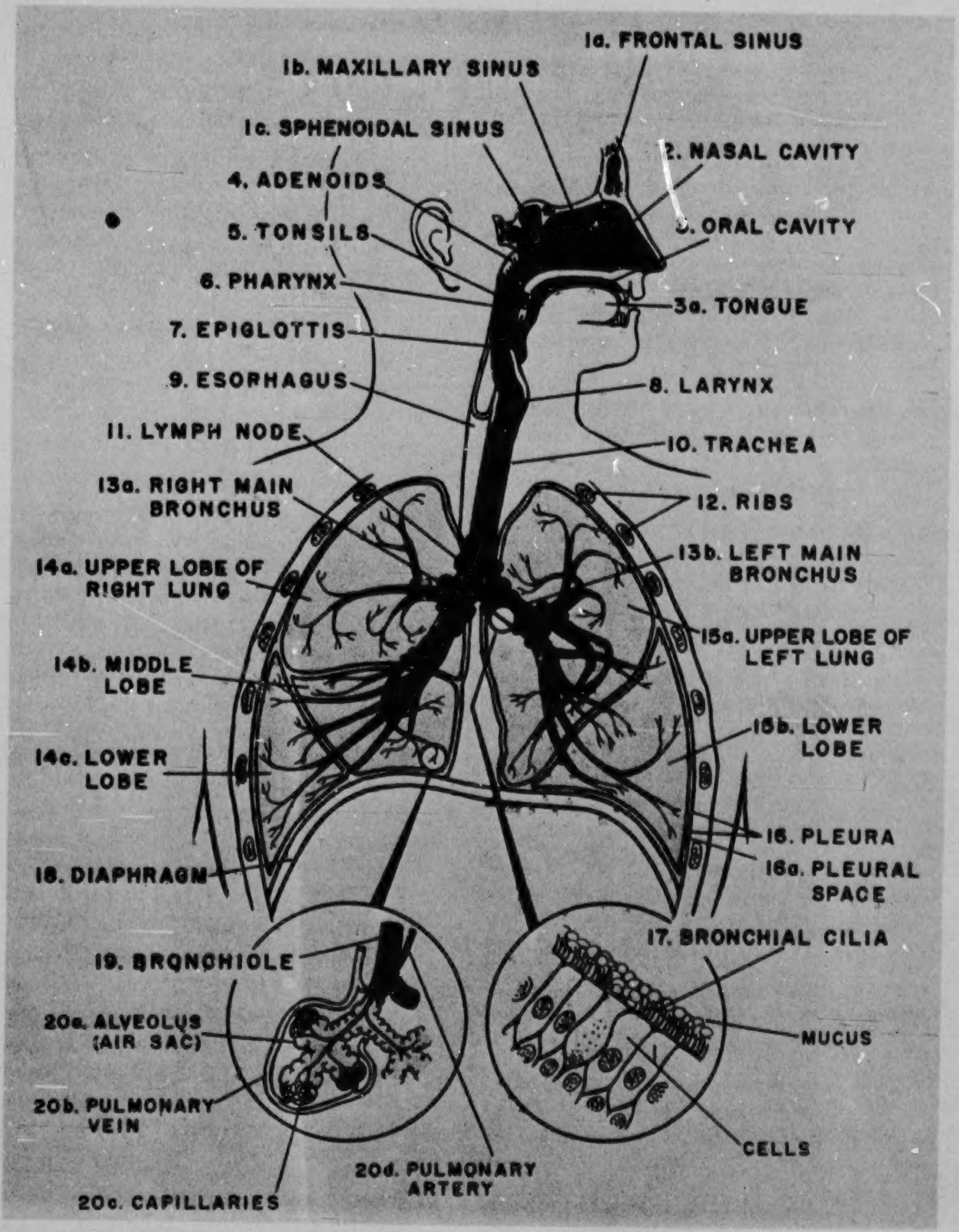
THE RESPIRATORY SYSTEM


1a. FRONTAL SINUS
1b. MAXILLARY SINUS
1c. SPHENOIDAL SINUS
2. NASAL CAVITY
4. ADENOIDS
3. ORAL CAVITY
5. TONSILS
6. PHARYNX
3a. TONGUE
7. EPIGLOTTIS
9. ESOPHAGUS
8. LARYNX
11. LYMPH NODE
10. TRACHEA
13a. RIGHT MAIN BRONCHUS
12. RIBS
14a. UPPER LOBE OF RIGHT LUNG
13b. LEFT MAIN BRONCHUS
15a. UPPER LOBE OF LEFT LUNG
14b. MIDDLE LOBE
15b. LOWER LOBE
14c. LOWER LOBE
16. PLEURA
16a. PLEURAL SPACE
18. DIAPHRAGM
17. BRONCHIAL CILIA
19. BRONCHIOLE
20a. ALVEOLUS (AIR SAC)
MUCUS
20b. PULMONARY VEIN
CELLS
20d. PULMONARY ARTERY
20c. CAPILLARIES

(Turn page for definitions)

THE RESPIRATORY SYSTEM

This chart of the RESPIRATORY SYSTEM shows the apparatus for breathing. Breathing is the process by which oxygen in the air is brought into the lungs and into close contact with the blood, which absorbs it and carries it to all parts of the body. At the same time the blood gives up waste matter (carbon dioxide), which is carried out of the lungs with the air breathed out.

1. The SINUSES (Frontal, Maxillary, and Sphenoidal) are hollow spaces in the bones of the head. Small openings connect them to the nasal cavity. The functions they serve are not clearly understood, but include helping to regulate the temperature and humidity of air breathed in, as well as to lighten the bone structure of the head and to give resonance to the voice.

2. The NASAL CAVITY (nose) is the preferred entrance for outside air into the Respiratory System. The hairs that line the inside wall are part of the air-cleansing system.

3. Air also enters through the ORAL CAVITY (mouth), especially in people who have a mouth-breathing habit or whose nasal passages may be temporarily obstructed, as by a cold.

4. The ADENOIDS are overgrown lymph tissue at the top of the throat. When they interfere with breathing, they are generally removed. The lymph system, consisting of nodes (knots of cells) and connecting vessels, carries fluid throughout the body. This system helps to resist body infection by filtering out foreign matter, including germs, and producing cells (lymphocytes) to fight them.

5. The TONSILS are lymph nodes in the wall of the pharynx that often become infected. They are an unimportant part of the germ-fighting system of the body. When infected, they are generally removed.

6. The PHARYNX (throat) collects incoming air from the nose and mouth and passes it downward to the trachea (windpipe).

7. The EPIGLOTTIS is a flap of tissue that guards the entrance to the trachea, closing when anything is swallowed that should go into the esophagus and stomach.

8. The LARYNX (voice box) contains the vocal cords. It is the place where moving air being breathed in and out creates voice sounds.

9. The ESOPHAGUS is the passage leading from mouth and throat to the stomach.

10. The TRACHEA (windpipe) is the passage leading from the pharynx to the lungs.

11. The LYMPH NODES of the lungs are found against the walls of the bronchial tubes and trachea.

12. The RIBS are bones supporting and protecting the chest cavity. They move to a limited degree, helping the lungs to expand and contract.

13. The trachea divides into the two main BRONCHI (tubes), one for each lung, which subdivide into the lobar bronchi–three on the right and two on the left. These, in turn, subdivide further.

14. The right lung is divided into three LOBES, or sections. Each lobe is like a balloon filled with sponge-like lung tissue. Air moves in and out through one opening–a branch of the bronchus.

15. The left lung is divided into two LOBES.

16. The PLEURA are the two membranes, actually one continuous one folded on itself, that surround each lobe of the lungs and separate the lungs from the chest wall.

17. The bronchial tubes are lined with CILIA (like very small hairs) that have a wave-like motion. This motion carries MUCUS (sticky phlegm or liquid) upward and out into the throat, where it is either coughed up or swallowed. The mucus catches and holds much of the dust, germs, and other unwanted matter that has invaded the lungs and thus gets rid of it.

18. The DIAPHRAGM is the strong wall of muscle that separates the chest cavity from the abdominal cavity. By moving downward, it creates suction to draw in air and expand the lungs.

19. The smallest subdivisions of the bronchi are called BRONCHIOLES, at the end of which are the alveoli (plural of alveolus).

20. The ALVEOLI are the very small air sacs that are the destination of air breathed in. The CAPILLARIES are blood vessels that are imbedded in the walls of the alveoli. Blood passes through the capillaries, brought to them by the PULMONARY ARTERY and taken away by the PULMONARY VEIN. While in the capillaries the blood discharges carbon dioxide into the alveoli and takes up oxygen from the air in the alveoli.

ARIZONA TUBERCULOSIS AND
RESPIRATORY DISEASE ASSOCIATION, INC.

CHRISTMAS SEALS FIGHT
Emphysema...Tuberculosis.. Air Pollution
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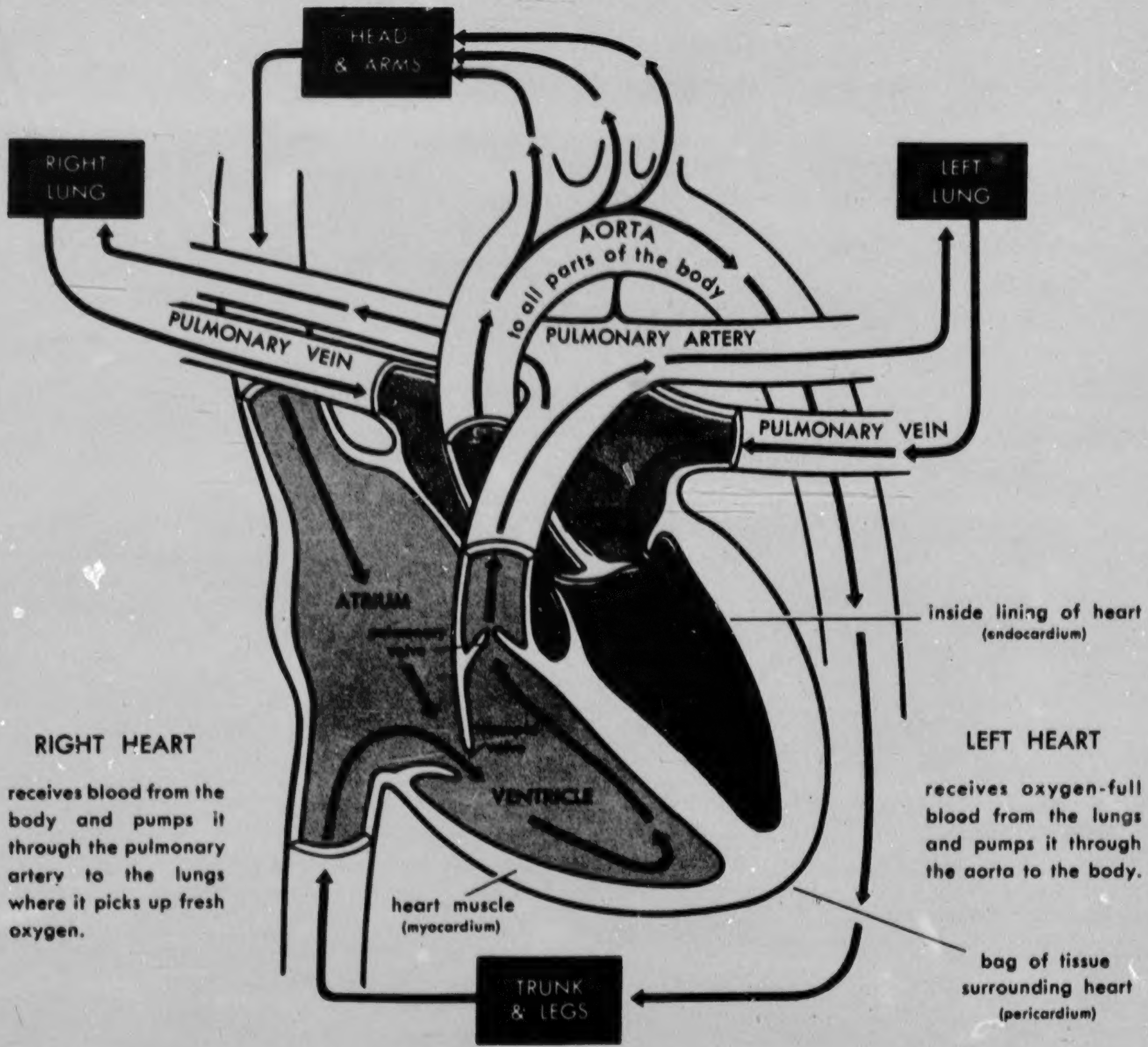
11-69

YOUR HEART AND HOW IT WORKS


HEAD & ARMS
RIGHT LUNG
LEFT LUNG
AORTA
to all parts of the body
PULMONARY ARTERY
PULMONARY VEIN
PULMONARY VEIN
ATRIUM
VENTRICLE
inside lining of heart
(endocardium)
heart muscle
(myocardium)
bag of tissue
surrounding heart
(pericardium)
TRUNK & LEGS

RIGHT HEART

receives blood from the body and pumps it through the pulmonary artery to the lungs where it picks up fresh oxygen.

LEFT HEART

receives oxygen-full blood from the lungs and pumps it through the aorta to the body.

Your heart weighs well under a pound and is only a little larger than your fist, but it is a powerful, long working, hard working organ. Its job is to pump blood to the lungs and to all the body tissues.

The heart is a hollow organ. Its tough, muscular wall (myocardium) is surrounded by a fiberlike bag (pericardium) and is lined by a thin, strong membrane (endocardium). A wall (septum) divides the heart cavity down the middle into a "right heart" and a "left heart". Each side of the heart is divided again into an upper chamber (called an atrium or auricle) and a lower chamber (ventricle). Valves regulate the flow of blood through the heart and to the pulmonary artery and the aorta.

The heart is really a double pump. One pump (the right heart) receives blood which has just come from the body after delivering nutrients and oxygen to the body tissues. It pumps this dark, bluish red blood to the lungs where the blood gets rid of a waste gas (carbon dioxide) and picks up a fresh supply of oxygen which turns it a bright red again. The second pump (the left heart) receives this "reconditioned" blood from the lungs and pumps it out through the great trunk-artery (aorta) to be distributed by smaller arteries to all parts of the body.

PRODUCED AS A SERVICE
AMERICAN HEART ASSOCIATION AND ITS AFFILIATES

11-68—800M
11-69—800M
11-70—800M
EM-62 PHE

FLUID AND ELECTROLYTE IMBALANCES

Nurses these days are asked to constantly assess the fluid and electrolyte status of surgical patients, both pre- and postoperatively. Their status can change quickly--within hours, even within minutes--often in the physician's absence. Then it's up to nurses to recognize the change and to take appropriate action.

Preoperative Assessment

You begin assessment from the moment the patient enters the hospital. Recognition of problems will be quicker and surer if you can anticipate probable imbalances. So consider these questions:

1. What problems existing before admission might have disturbed fluid and electrolyte balance? Did the patient have problems that might lead to dehydration such as vomiting, diarrhea, anorexia, diaphoresis, hyperventilation, and others? If so, be especially alert for these signs of dehydration: thirst, dry skin and mucous membranes, low grade fever, increased pulse rate, oliguria, and increased blood urea nitrogen and hemoglobin count. Report these signs promptly so that dehydration can be corrected before surgery.

2. What kind of surgery is planned? If it's gastrointestinal surgery, the patient is apt to lose electrolytes in amounts sufficient to cause an imbalance. The gastrointestinal tract is rich in electrolytes: potassium, hydrogen, and chloride are concentrated in the stomach; sodium and bicarbonate, in the intestine. Serum electrolyte determinations, now routine before most any major sur-

gery, must be done repeatedly before gastrointestinal surgery. So too are hemoglobin studies.

3. How old is the patient? The very young and the very old are prone to fluid and electrolyte imbalance. So, young and old require close assessment of fluid and electrolyte changes before surgery if complications are to be avoided afterward.

4. What is the patient's fluid output? If it's less than 500 ml. per day, he might be dehydrated. Or he might be suffering from renal insufficiency.

In all these situations, you should be alert for fluid and electrolyte imbalance, and report the first signs of it--especially if the disturbance seems severe. Check the laboratory findings as soon as they become available. Are they within normal limits?

	Normal Limits (mEq/L)
potassium.	3.5 to 5.3
sodium.	135 to 146
CO_2 combining power. . . . . (serum bicarbonate determinant)	22 to 32

If they fall outside these ranges, the doctor ought to know right away.

Potassium imbalance, whether hypokalemia (serum potassium deficit) or hyperkalemia (serum potassium excess) are serious. In fact, if severe, either can cause cardiac arrest. So nurses should be alert to the symptoms: Hypokalemia commonly causes dizziness, arrhythmia, abdominal distention, muscular weakness, nausea and vomiting, and leg cramps. Hyperkalemia causes abdominal cramps, tachycardia and later, bradycardia, oliguria, diarrhea, weakness with numbness and tingling in the extremities. Be sure adequate laboratory studies have been ordered and the results are available; otherwise surgery will have to be postponed.

Postoperative Assessment

You should expect and watch for two kinds of derangements following surgery: fluid and acid-base imbalances. Frist, the fluid imbalances.

Water intoxication develops because of the body's normal response to surgical trauma. Immediately after surgery, urinary output declines. Renal retention of water in excess of sodium increases the extracellular fluid, causing hypotonicity. Osmosis then causes fluid to accumulate in the cells, the condition called water intoxication. It's aggravated if the patient drinks copious amounts of liquids postoperatively, while receiving intravenous dextrose solution. Symptoms of water intoxication: headache, sweating, flushed and hot skin, behavioral changes, incoordination, and drowsiness. Report such symptoms promptly.

Edema is retention of a different sort, a shift of fluid to the site of injured or infected tissues. Edema also results from cardiac insufficiency, a more worrisome development. Watch for it in patients with histories of impaired cardiac function who are receiving intravenous fluids in quantity. Watch for cyanosis, dyspnea, coughing, neck-vein enlargement, swelling of the extremities, and anasarca (generalized edema)--all signs of overhydration or hypervolemia.

Dehydration, too, can occur right after surgery, either because of blood loss or inadequate fluid intake. Also it can occur between the second and fifth post-operative day due to diuresis. This diuresis is considered normal, yet the loss should be assessed.

Diaphoresis, excessive sweating, should be noted because it increases loss of water and sodium chloride. It may lead to water loss well beyond the normal daily insensible loss from skin and lungs of 1,000 ml. or more.

Shock, it goes without saying, is evidence of severe fluid disturbance, the consequence of heavy blood loss (hypovolemia.) Such losses may lead to renal insufficiency.

Next, anticipate acid-base imbalances. These are the conditions apt to precipitate them:

Hyperventilation commonly develops in the seriously ill, gripped by anxiety. When hyperventilating patients blow off too much carbon dioxide, which in time causes respiratory alkalosis. Early symptoms--rapid shallow breathing, vertigo, and rosy complexion--are eventually followed by signs of tetany as increased alkalinity of extracellular fluid causes decreased ionization of calcium. In respiratory alkalosis, serum CO_2 is depressed; the pH, elevated.

Respiratory alkalosis $CO_2 \downarrow$ pH $\uparrow$

The condition can be corrected if the patient can be made to breathe slowly and deeply.

Hypoventilation develops when anesthetics, narcotic analgesics, sedatives, or pain depress respiration. An inadequate exchange of gasses results in CO_2 retention and, hence respiratory acidosis. Serum CO_2 is elevated; pH, depressed.

Respiratory acidosis $CO_2 \uparrow$ pH $\downarrow$

Again deep breathing corrects the condition. Breathing exercises sometimes help achieve this.

Vomiting or gastric intubation causes the loss of hydrogen and chloride as well as that highly important cation, potassium. With loss of hydrogen and chloride ions, the patient develops metabolic alkalosis. The serum CO_2 and pH are elevated.

Metabolic alkalosis $CO_2 \uparrow$ pH $\uparrow$

Fluid replacement of potassium and chloride would aid in correcting metabolic alkalosis. Later metabolic alkalosis can be converted into metabolic acidosis due to cellular breakdown and accumulation of acid metabolites.

Diarrhea and intestinal intubation can cause excessive loss of alkaline intestinal secretions, bile, and pancreatic juice. Lost are sodium and potassium along with bicarbonate, which is normally plentiful in the intestine. Bicarbonate loss causes metabolic acidosis. The serum CO_2 and pH will be depressed.

Metabolic acidosis $CO_2 \downarrow$ pH $\downarrow$

Fluid replacement with bicarbonate would aid in correcting the condition.

Summing up then, your role in assessment, intervention, and evaluation of fluid and electrolyte changes in post-operative patients includes: reporting abnormal electrolyte findings, observing for signs and symptoms of hypervolemia or hypovolemia and electrolyte imbalance, determining urinary status, noting non-measured fluid losses as from diaphoresis, and recognizing changes in acid-base balance.

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STUDY GUIDE FOR HOMEOSTASIS

The nurse will:

1. select a patient with a body fluid disorder.
2. complete a nursing history form on her patient.

Serum Electrolytes			Serum Non Electrolytes		
	Norms	Pt's. Values if Tested		Norms	Pt's. Values if Tested
Sodium			Uric Acid		
Potassium			Protein		
Chlorides			Albumin		
Magnesium			Globulin		
Calcium			BUN		
Phosphorus			Urea		
Other			Creatinine		
			Bilirubin Direct		
			Bilirubin Indirect		
			LDH		
			SGOT		
			Others (if pt. tested)		

Blood Gases

	Normals	Patient's Values if Tested		
		Date and Time	Date and Time	Date and Time
pH				
pO_2				
O_2 Saturation				
pCO_2				
Base				
Buffer Base				
Stannous Bicarbonate				
Actual Bicarbonate				
Total CO_2				

Symptoms of Disordered Condition in this patient:

	Date	Date	Date	Date	Date
Intake					
Output					
Body Compartments with Fluid Collected					

Plan nursing care for problems in Homeostasis.

Problem	Approach	Evaluation

Identify all drugs used for this patient:

Name	Mode of Administration	Dosage	Times Given	Expected Result	Expected Time of Effect	Contraindications, Side Effects, Interactions with other Drugs

Module #14

NUTRITION AND ELIMINATION

I. OVERALL OBJECTIVE

The nurse will be able to develop a Nursing Care Plan for a patient with problems of nutrition and/or elimination.

II. SUB-OBJECTIVES

Having selected a patient with problems of nutrition and/or elimination, the nurse will be able to:

A. obtain a nursing history of the patient.

B. compare patient's problems with usual norms.

C. write a Nursing Care Plan for the patient.

D. implement Nursing Care Plan in giving direct nursing care to patient.

E. observe results of her nursing action.

F. revise the Nursing Care Plan.

G. identify all drugs administered to the patient.

III. EXPERIENCES

A. Classroom: In contributing to Group Discussion, the nurse will:

1. select one reference on nutrition and one on elimination and report verbally on each.
2. report on her selected patient using her completed study guide.

B. Laboratory:

1. Educational: Selected audio-visual aids.

2. Clinical:
   - a. Care of a selected patient having a problem(s) with nutrition and/or elimination
   - b. Nursing activities, if available:
     - i. Respiratory system:
       - Rate and character of respiration
       - Collection of sputum
       - Inhalation therapy
       - IPPB (Bird & Bennett machines)
       - Humidity, steam, aerosol
       - Oxygen therapy: Cannula, catheter, mask, tent
       - Suction: oral, naso-pharyngeal, tracheal, bronchial, sterile
       - Closed chest drainage
       - Postural drainage
       - Tracheotomy, tracheostomy care
     - ii. Integumentary system:
       - Measuring body temperature
       - Special skin care
     - iii. Endocrine system: Diabetic regimens - insulin, diet, urine testing, exercise, hygiene, teaching
     - iv. Digestive system:
       - Gastric analysis
       - Liver function tests - PSP
       - Naso-gastric intubation: suction, lavage, gavage

KUB

Hemovac

Stool specimen

Cleansing enema

X-ray examination

upper and lower G.I.

Gallbladder series

Colostomy irrigation, dressing, skin care

Ileostomy - collection of drainage, skin care

v. Urinary system:

Urine specimens - clean, catheterized, 24 hr. fractional

Tests: specific gravity, clinitest, acetest

Catheters: insertion of straight and retention

X-ray examinations:

I.V.P. (intravenous pyelogram)

KUB (kidney, urinary bladder)

C. Library:

1. Handout: Insulin Work Sheet

2. References:

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m. Grim, Rosemary A. "Mr. Edwards' Triumph." American Journal of Nursing, March, 1972, pp. 480-1.

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t. Moore, Mary Lou. "Diabetes in Children." American Journal of Nursing, January, 1967, pp. 104-7.

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x. Tarisitano, John, Wooten, James W., and Tarisitano, Patricia. "Nursing Care After Oral Surgery." American Journal of Nursing, July, 1969, pp. 1493-6.

y. Watkins, Julia and Moss, F. T. "Confusion in Management of Diabetes." American Journal of Nursing, March, 1969, pp. 521-4.

IV. PROFICIENCY ASSIGNMENT

Instructions:

The nurse will:

A. complete and discuss the Word List.

B. complete and submit the Study Guide.

WORD LIST

Instructions: The student should write in the definitions of those terms that are new or unclear to her.

1. Adrenalin
2. adrenocorticotrophic hormone
3. albuminurea
4. amino acid
5. anabolism
6. anemia
7. aneurysm
8. anoscopy
9. anoxia
10. anuria
11. apnea

12. arrhythmia

13. arteriosclerosis

14. atelectasis

15. atherosclerosis

16. bilirubin

17. cachexia

18. calculi

19. calorie

20. carbohydrate metabolism

21. catabolism

22. Cheyne-Stokes respiration

23. colitis

24. cor pulmonale

25. cyanosis

26. cystitis

27. dehydration

28. dialysis

29. dyspnea

30. dysuria

31. erythrocyte

32. essential minerals

33. essential vitamins

34. exophthalmia

35. fat metabolism

36. flatus

37. glomerulonephritis

38. glucocorticoid

39. glycogen

40. glycosuria

41. hematocrit

42. hematuria

43. hemoptysis

44. hormone

45. hydronephrosis

46. hyperemia

47. hyperglycemia

48. hyperthermia

49. hypoglycemia

50. hypothermia

51. hypoxemia

52. hypoxia

53. ileus

54. insulin

55. ketosis

56. laryngospasm

57. leukocyte

58. lithiasis

59. mechanical ileus

60. mediastinal shift

61. mineralocorticoid

62. nephroptosis

63. nephrotomy

64. nocturia

65. oligurea

66. peritoneal dialysis

67. phlebitis

68. phlebothrombosis

69. pneumothorax

70. polycythemia

71. polyuria

72. postural drainage

73. proteinuria

74. pyelitis

75. pylelonephritis

76. pyelotomy

77. renal colic

78. renal transplant

79. reticulocyte

80. sigmoidoscopy

81. thoracoplasty

82. thrombocyte

83. thyrotrophic hormone

84. urethritis

85. vital capacity

INSULIN WORK SHEET

Kind	Effect of Insulin		Reaction time of Insulin	Symptoms	Implications for Nurse
	Onset	Duration	Expected Time		
Regular Insulin					
Crystalline Insulin					
Globin Insulin					
Protamine Zinc Insulin					
Isophane Insulin (NPH)					
Lente Insulin					

STUDY GUIDE FOR NUTRITION AND ELIMINATION

The nurse will:

1. select a patient with a problem of nutrition and/or elimination.
2. complete a nursing history form on the patient.
3. compare, on the following chart, the patient's problems with norms for human nutrition and elimination.

	Norms	Patient Problems
Diet		
Digestion		
Absorption		
Transportation		
Metabolism		
Elimination		

Plan nursing care for the patient's problems in nutrition and/or elimination.

Problem	Approach	Evaluation

Identify all drugs used for this patient:

Name	Mode of Administration	Dosage	Times Given	Expected Result	Expected Time of Effect	Contraindications, Side Effects, Interactions with other Drugs

SENSATION, PERCEPTION, AND MOTION

I. OVERALL OBJECTIVE

The nurse will be able to develop a Nursing Care Plan for one patient with a disorder of sensation, perception, or motion.

II. SUB-OBJECTIVES

Having selected a patient with a disorder of sensation, perception, or motion, the nurse will be able to:

A. obtain a nursing history on the patient.

B. compare patient's problems with usual norms.

C. write a Nursing Care Plan for the patient.

D. implement Nursing Care Plan in giving direct nursing care to the patient.

E. observe results of nursing action.

F. revise Nursing Care Plan.

G. identify all drugs administered to the patient.

III. EXPERIENCES

A. Classroom: In preparing for Group Discussion, the nurse will:

1. read and report on one reference concerning sensation, one concerning perception, and one concerning motion.
2. report on her selected patient using the completed Study Guide.

B. Laboratory:

1. Educational: Selected audio-visual aids.

2. Clinical:
    a. Care of a selected patient having a problem(s) with sensation, perception, or motion.
    b. Nursing activities, if available:
        i. To provide experiences and equipment related to sensation
            aa. Tactile:
                Bath
                Back Care
                Massage
                Powders
                Lotions
                Sheepskins
                Attention to pain and disturbing tactile experience
            bb. Visual:
                Glasses
                Reading devices
                Room decoration
                Television
                Attention to disturbing sights
            cc. Auditory:
                Music
                Conversation
                Attention to disturbing sounds

dd. Gustatory:

    Mouth care

    Mouth washes

    Foods

    Beverages

    Attention to disturbing tastes

ee. Olfactory:

    Perfumes

    Deodorants

    Attention to disturbing smells

ff. Thermal:

    Clothing

    Bed clothes

    Room temperature

ii. To provide validation of experiences

- aa. Tactile
- bb. Visual
- cc. Auditory
- dd. Gustatory
- ee. Olfactory
- ff. Thermal

iii. To provide experiences and equipment related to motion

aa. Passive motion:

    Positioning

    Range of motion

Lifting

Turning

Transporting

bb. Active motion:

Isometrics

Exercises

Use of trapeze and other devices to assist with motion

cc. Appliances to prevent motor disability:

Foot boards

Pillows

Trochanter rolls

Sand bags

Splints

dd. Supports for safe motion:

Elastic stockings

Ace bandages

Binders

Braces

Wheel chairs

Canes

Crutches

Walkers

Temporary prostheses

ee. Speech therapy

iv. Observations

aa. Occupational therapy

bb. Physical therapy

cc. Recreational therapy

dd. Rehabilitation unit

C. Library

1. Handouts: None.

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3. Programmed Instruction:

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American Journal of Nursing, May, 1966, p. 1085.

b. *"Pain, Part II: Rationale for Intervention."

American Journal of Nursing, May, 1966, p. 1345.

IV. PROFICIENCY ASSIGNMENT

Instructions:

The nurse will:

A. complete and discuss the Word List.

B. complete and submit the Study Guide.

WORD LIST

Instructions: The student should write in the definitions of those terms that are new or unclear to her.

1. abduction
2. adduction
3. aphasia
4. ataxia
5. autonomic nervous system
6. Babinski's Sign
7. central nervous system
8. contracture
9. dysphasia
10. flaccid paralysis
11. hemiplegia

12. involvuntary nervous system

13. isometrics

14. parasympathetic nervous system

15. perception

16. peripheral nervous system

17. quadriplegia

18. reflex arc

19. sensory function

20. spasm

21. sympathetic nervous system

STUDY GUIDE FOR SENSATION, PERCEPTION, AND MOTION

The nurse will:

1. select a patient with a problem(s) in sensation, perception, or motion.
2. complete a nursing history for the patient.
3. compare, on the following chart, the patient's problems with usual norms. (Cross out any in which the patient does not have a problem.)

	Norms	Patient Problems
Sensation		
Perception		
Motion		

Plan nursing care for the patient.

Problem	Approach	Evaluation

Identify all drugs used for the patient:

Name	Mode of Administration	Dosage	Times Given	Expected Result	Expected Time of Effect	Contraindications, Side Effects, Interactions with other Drugs

PHYSIOLOGICAL ADAPTATION AND ALTERED CELLULAR RESPONSE

I. OVERALL OBJECTIVE

The nurse will be able to develop a Nursing Care Plan for a patient with health problems caused by at least one of the following responses:

- A. Inflammation
- B. Antigen-antibody reactions
- C. Tumor formation

II. SUB-OBJECTIVES

Having selected a patient with health problems caused by inflammation, antigen-antibody reaction, or tumor formation, the nurse will be able to:

- A. obtain a nursing history of the patient.
- B. compare the patient's health with norms ordinarily expected in the healthy individual.
- C. write a Nursing Care Plan for the patient.
- D. implement Nursing Care Plan in giving direct nursing care to the selected patient.
- E. observe and interpret results of nursing action.
- F. revise the Nursing Care Plan.
- G. identify all drugs used by the patient.

III. EXPERIENCES

- A. Classroom:
    1. Reading and reporting on one reference on each: inflammation, antigen-antibody reactions, tumors.

2. Reading and reporting on the selected patient, using the completed Study Guide.

B. Laboratory:

   1. Educational: Selected audio-visual aids.
   2. Clinical:
      a. Care of a selected patient
      b. Nursing activities, if available:
         i. Inflammation
            aa. Local application of heat
            bb. Local application of cold
            cc. Elevation of a part
            dd. Rest or immobilizing a part of the body
            ee. Dressing change, wound drainage, and skin care
         ii. Antigen-antibody response
            aa. Immunization
            bb. Diagnostic tests to determine specific allergens
            cc. Desensitization
            dd. Precaution to protect the patient from infection
            ee. Skin tests
            ff. Application of topical medications
         iii. Neoplasm - Radiation therapy

C. Library:

   1. Handouts: none.

2. References:

a. Cihlar, M. Jean, Newhouse, Nancy, and Lenz, Charlayne. "Courage with Colostomy." *American Journal of Nursing*, May, 1967, pp. 1050-1.

b. Donaldson, A. W. "Current Status of National Immunization Program." *Medical Clinic of North America*, Vol. 51, 1967, p. 831.

c. Datona, Elizabeth. "Learning Colostomy Control." *American Journal of Nursing*, March, 1967, pp. 534-41.

d. Gribbons, Carol A. and Aliapoulios, M. A. "Treatment for Advanced Breast Carcinoma." *American Journal of Nursing*, April, 1972, pp. 678-682.

e. Harrell, Helen C. "To Lose a Breast." *American Journal of Nursing*, April, 1972, pp. 676-677.

f. Hildreth, E. A. "Some Common Allergic Emergencies." *Medical Clinic of North America*, Vol. 50, 1966, p. 1313.

g. Koelsche, G. A. and Henderson, L.L. "Bronchial Asthma--The Acute Attack." *Medical Clinic of North America*, Vol. 48, 1964, p. 851.

h. Moore, Mary Lou. "The Clay Eaters." *RN*, August, 1970, pp. 44, 72-5.

i. Mostow, Stephen R. "Why Influenza Vaccine Does not Do the Job." *American Journal of Nursing*, October, 1970, pp. 2126-30.

j. Rodman, M. J. "Drugs for Allergic Reactions." *RN*, February, 1966, p. 61.

k. Rodman, M. J. "Drugs for the Relief of Asthma." *RN*, March, 1967, pp. 35-40.

l. Rosendahl, Pauli. "Allergy Hospital in Finland." *American Journal of Nursing*, July, 1967, pp. 1445-6.

m. Selye, Hans. "The Stress Syndrome." *American Journal of Nursing*, March, 1965, pp. 97-9.

n. Shaffer, Joseph and Sweet, Lawrence C. "Allergic Reaction to Drugs." *American Journal of Nursing*, October, 1965, pp. 100-3.

o. *Shepardson, Jan. "A Team Approach to the Patient with Cancer." *American Journal of Nursing*, March, 1972, pp. 488-91.

p. Sill, Alice. "Bulb-Syringe Technique for Colonic Stoma Irrigation." *American Journal of Nursing*, March, 1970, pp. 536-7.

3. Programmed Instruction:

a. *"Correcting Common Errors in Blood Pressure Measurement." *American Journal of Nursing*, October, 1965, pp. 133-64.

b. *"Recognizing Early Signs of Internal Hemorrhage." *American Journal of Nursing*, February, 1967, pp. 343-66.

c. *"Respiratory Tract Aspiration." *American Journal of Nursing*, November, 1966, pp. 2483-510.

IV. PROFICIENCY ASSIGNMENT

Instructions:

The student will:

A. complete and discuss the *Word List*.

B. complete the *Study Guide*.

WORD LIST

Instructions: The student should write in the definitions of those terms that are new or unclear to her.

1. acquired immunity

2. active immunity

3. adrenalin

4. allergen

5. anaphylactoid shock

6. antibiotic

7. antibody

8. antigen

9. antigen-antibody response

10. antihistamine

11. antitoxin

12. autoimmune serum

13. collagen diseases

14. epinephrine

15. histamine

16. induration

17. infection

18. inflammation

19. immune globulin

20. Papanicolaou test

21. pathogen

22. phagocytosis

23. proliferate

24. Rh factor

25. rejection factors

26. septicemia

27. serum globulin

28. stress

29. stressor

30. suppuration

31. toxin

32. toxemia

33. toxoid

STUDY GUIDE FOR PHYSIOLOGICAL ADAPTATION AND ALTERED CELLULAR RESPONSES

The nurse will:

1. select a patient with an allergic, inflammatory, traumatic, or neoplastic condition.
2. complete a nursing history for the patient.
3. identify the specific stressor (allergin, inflammatory agent, or neoplasm) and possible symptoms of physiological response. Enter data on the chart below:

Agent and Possible Symptoms of Physiological Response:

Specific Agent	Local Symptoms	Systemic Symptoms

Using the above information, plan nursing care for the patient.

Problem	Approach	Evaluation

Identify all drugs used for this patient:

Name	Mode of Administration	Dosage	Times Given	Expected Result	Expected Time of Effect	Contraindications, Side Effects, Interactions with other Drugs

TEAM LEADERSHIP

I. OVERALL OBJECTIVE

A Team Leader will apply skills in nursing, group dynamics, and management to the leadership role on the nursing team.

II. SUB-OBJECTIVES

A. A Team Leader will be able to:

1. explain philosophy and purpose of the unit and agency.
2. conduct team conferences.
3. orient new members to the nursing team.
4. help team members to participate in writing care plans for all patients.
5. help team members to implement, evaluate and revise nursing care plans.
6. set priorities for nursing action for patients on the team.
7. evaluate abilities and developmental needs of staff in making assignments.
8. teach nursing skills and use of equipment.

B. Attitudinally, the Team Leader will recognize the importance of:

1. reviewing entries of nursing team members on patient records.
2. evaluating nursing care activities of each member of the nursing team.
3. providing nursing representation on health teams.

4. participating in personnel evaluation of nursing team members and of other employees whose performance affects care of patients.
5. acting as liaison between nursing team and other staff on the patient care unit.

III. EXPERIENCES

A. Classroom: Discussion of the team leader role.

B. Laboratory:

   1. Observation of a team leader
   2. Functions as co-team leader

C. Library:

   1. Handouts: none.
   2. References:

      a. Beltran, Helen, et al. "Guide for Leadership in Team Nursing." The League Exchange, #54, National League of Nursing, 1961.

      b. Carnevali, Doris and Little, Delores. Nursing Care Planning. Philadelphia, J. B. Lippincott Co., 1969.

      c. Johnson, Betty Sue and Campbell, Emily B. "It's Time To Be Realistic about the Work Load." American Journal of Nursing, June, 1966, pp. 1282-1284.

      d. Kron, Thora. The Management of Patient Care: Putting Leadership Skills to Work. (3rd ed.) Philadelphia, W. B. Saunders Co., 1971.

      e. Rinehart, Elma L. Management of Nursing Care. New York, The MacMillan Company, 1969.

IV. PROFICIENCY ASSIGNMENT

The nurse will, upon request, assume the team leader role.

PEDIATRIC NURSING

I. OVERALL OBJECTIVE

The nurse will become a responsible member of the pediatric hospital team in the promotion, maintenance, and restoration of health; in the prevention of illness; and in the care of children with common childhood diseases.

II. SUB-OBJECTIVES

A. The nurse will be able to outline the current level of knowledge about
   1. growth and development.
   2. childhood illness and disease.
   3. drugs usage, dose, contra-indications, etc.

B. The nurse will display technical abilities by demonstrating familiarity with
   1. new equipment.
   2. new nursing procedures.

C. The nurse will be able to demonstrate
   1. a parent-oriented vocabulary for informing parents of a child's illness and treatment, considering the parents' level of understanding and cultural influences.
   2. a child-oriented vocabulary, considering the child's level of understanding and cultural influences.

3. communication skills that enable her to relate to all other members of the health team, including concise, effective recording.

D. Considering the psycho-social, economic, and cultural factors affecting a child's progress during hospitalization, the nurse will be able to

1. assess the effect of illness on the child's behavior
2. evaluate parent-child and sibling relationships and their effect on the child's health.
3. determine the level of the family's understanding of the child's illness and their ability to cope with the problems.

III. EXPERIENCES

A. Classroom:

1. Selecting and reporting on appropriate readings.
2. Discussing items of special interest with the instructor or pediatric supervisor.
3. Viewing audio-visuals.

B. Laboratory:

1. Clinical visitation.
2. Making ward rounds.

C. Library:

1. Handouts: none.
2. References:

a. Altshuler, Anne. "Esophageal Varices in Children." American Journal of Nursing, April, 1972, pp. 687-693.

b. American Academy of Pediatrics, *Report of the Committee on the Control of Infectious Diseases*, Evanston, Illinois: American Academy of Pediatrics, 1970.

c. American Academy of Pediatrics, *Standards of Child Health Care*, Evanston, Illinois: American Academy of Pediatrics, 1967.

d. Ames, Louise Bates, *Child Care and Development*, J. B. Lippincott Company, 1970.

e. Auerbach, Aline B., *Parents Learn Through Discussion: Principles and Practices of Parent Group Education*, New York: John Wiley and Sons, Inc., 1968.

f. Barbero, Guilio J. and Shaheen, Eleanor. "Environmental Failure to Thrive: A Clinical View." *The Journal of Pediatrics*, November, 1967, pp. 639-44.

g. Barnett, Henry L., *Pediatrics*, New York: Appleton-Century-Crofts, 1968.

h. Blake, *et al.*, *Nursing Care of Children*, J. B. Lippincott Company, 1970.

i. Brandt, P., Smith, M., Ashburn, S., and Graves, J. "I. M. Injections in Children." *American Journal of Nursing*, August, 1972, pp. 1402-1406.

j. Condon, M., and Peters, C. "Family Participation Unit." *American Journal of Nursing*, March, 1968, pp. 504-7.

k. Condon, Sherrilyn. "Day-Time Hospital Unit for Children." *American Journal of Nursing*, August, 1972, pp. 1431-1433.

l. Glasser, Kurt and Eisenberg, Leon. "Maternal Deprivation." *Pediatrics*, 1965, pp. 626-44.

m. Freiburg, Karen H. "How Parents React When Their Child Is Hospitalized." *American Journal of Nursing*, July, 1972, pp. 1270-1272.

n. Kempe, C. Henry, and Helfer, Roy E., *The Battered Child*, Chicago: University of Chicago Press, 1968.

o. Kempe, C. Henry, and Helfer, Roy E., *Helping the Battered Child and His Family*, J. B. Lippincott and Company, Philadelphia, 1972.

p. Marlow, Dorothy R., Textbook of Pediatric Nursing, Philadelphia: W. B. Saunders Company, 1969.

q. Murdaugh, A. and Miller, Ellen L. "Helping the Breast-Feeding Mother." American Journal of Nursing, August, 1972, pp. 1420-1423.

r. Nelson, Waldo H., Pediatrics, Philadelphia: W. B. Saunders Company, 1969.

s. Paynich, Mary L. "Cultural Barriers to Nurse Communications." American Journal of Nursing, February, 1964, pp. 87-90.

t. Petrillo, Madeline, et al., Emotional Care of Hospitalized Children, J. B. Lippincott Company, 1972.

u. Petrillo, Madeline. "Preventing Hospital Trauma in Pediatric Patients." American Journal of Nursing, July, 1968, pp. 1468-73.

v. Reif, Kerry. "A Heart Makes You Live." American Journal of Nursing, June, 1972, pp. 1085+.

w. Roberts, Florence B. "The Child with Heart Disease." American Journal of Nursing, June, 1972, pp. 1080-1084.

x. Rubin, Reva. "The Family-Child Relationship and Nursing Care." Nursing Outlook, September, 1964, pp. 36-9.

IV. PROFICIENCY ASSIGNMENT

The nurse will develop a Nursing Care Plan for a specific child in terms of the Sub-Objectives.

MATERNITY NURSING

I. INTRODUCTION

This refresher course unit is an elective and is meant to follow the basic refresher course. Registered nurses accepting positions within a hospital maternity service, whether in a prenatal clinic, in a labor and delivery suite, or on a pre- and postpartum unit, can give better nursing care to their patients and assist the physicians caring for those patients much more adequately if they have an understanding of the entire maternity cycle, from conception to the completion of involution. Their understanding of the complete cycle as related to mother and baby and the entire family complex can help them develop and perform nursing care plans which will promote health and well-being. This understanding, also, will aid the nurse in realizing satisfaction from her work since, hopefully, it will allow her to see how her nursing care fits into the entire maternity care system and how what she does affects positively the mother, baby, and family involved.

II. OVERALL OBJECTIVE TO THE UNIT

The nurse will be able to assume positions of beginning responsibility within a hospital maternity service.

II. SUB-OBJECTIVES

The nurse will be able to:

A. state the characteristics of a normal pregnancy.

B. describe the rationale and components of prenatal care.

C. recognize and describe the signs and symptoms of labor.

D. explain the mechanics and physiology of labor and delivery.

E. describe supportive nursing measures to use during labor and delivery.

F. identify the principal nursing considerations of the postpartum period.

G. explain the physiology of breastfeeding.

H. describe the course of fetal development.

I. list the changes that run in the baby at birth.

J. determine the Apgar rating of the newborn.

K. explain proper care of the normal newborn.

III. PROFICIENCY ASSIGNMENT

The nurse will:

A. report briefly on implications for nursing care as gathered from 10 or more of the suggested bibliography articles.

MATERNITY NURSING

FIRST PART: PRENATAL CARE

I. OVERALL OBJECTIVE

The nurse will demonstrate her understanding of the principles of prenatal care.

II. SUB-OBJECTIVES

The nurse will be able to:

- A. explain the reasons for prenatal obstetrical procedures and examinations.
- B. justify the establishment of classes to prepare the mother (and father) for childbirth.

III. EXPERIENCES

- A. Classroom: Reporting on readings.
- B. Laboratory: Visits to the OPD and the doctor's office.
- C. Library:
  - 1. Handouts: "Prenatal Mastery Quiz"
  - 2. References:

    Books:

    - a. Flanagan, Geraldine Lux. The First Nine Months of Life. New York, Simon and Schuster, Inc., 1962.
      Conception: pp. 18-27.
      First trimester: pp. 28-57.
      Second trimester: pp. 58-73.
      Third Trimester: pp. 74-81.
    - b. Maternity Center Association. A Baby is Born. New York, Grosset and Dunlap, 1964. 3rd ed.
      Conception: pp. 9-17.
      First Trimester: pp. 18-21.
      Second trimester: pp. 22-23, 30.
      Third trimester: pp. 24-26, 31-33.

c. Wiedenback, Ernestine. Family-Centered Maternity Nursing. New York, G. P. Putnam's Sons, 1958.
   Conception: Chapter II and III.
   First trimester: pp. 39-64.
   Second trimester: pp. 64-71.
   Third trimester: pp. 71-93.
   Nursing care during pregnancy: Chapter V.

d. Lesser, Marion S., and Keane, Vern R. Nurse-Patient Relationships in a Hospital Maternity Service. St. Louis, Missouri, The C. V. Mosby Co., 1956.
   Nursing care during pregnancy: Chapter III and IV.

Periodicals:

e. Buchanan-Davidson, D.J. "Erythroblastosis Neonatorum." American Journal of Nursing, April, 1964, p. 110.

f. Donnelly, James F. "Toxemia of Pregnancy." American Journal of Nursing, April, 1961, p. 98.

g. Garnet, James. "Pregnancy in Women with Diabetes." American Journal of Nursing, September, 1969, p. 1900.

h. Hogue, Carol. "Care of the Patient with Toxemia." American Journal of Nursing, April, 1961, p. 101.

i. Seacat, Mevoy and Schlachter, Louise. "Expanded Role in Prenatal and Infant Care." American Journal of Nursing, April, 1968, p. 822.

j. Slatin, Marion. "Extra Protection for High Risk Mothers and Babies." American Journal of Nursing, June, 1967, p. 1241.

IV. PROFICIENCY ASSIGNMENT

The nurse will complete the Prenatal Mastery Quiz.

PRE-NATAL MASTERY QUIZ

QUIZ ON PREGNANCY AND FETAL DEVELOPMENT

1. During which trimester can the greatest harm in terms of normal growth and development of the unborn baby be done by certain illnesses of the mother or her ingestion of harmful substances?
2. For how long is the human egg viable following ovulation?
3. Which parent's germ cell determines the baby's sex?
4. At what point do we cease calling the unborn baby an embryo and begin to call it a fetus?
5. What criterion is used for this change in terminology? (re. question # 4.)
6. At what fetal age is the unborn baby considered viable?
7. What weight is used in specifying a "low birth weight baby"?
8. At what fetal age can the baby's hearbeat first be heard?
9. Does the mother's metabolic rate increase or decrease during the first trimester?
10. Does the mother's metabolic rate increase or decrease during the second trimester?
11. During which month of pregnancy does the increase in blood volume and cardiac output reach its peak?
12. What term do we use to describe the pigment changes evident in a woman's face (mask of pregnancy) during pregnancy?
13. What is the correct term for "false labor" contractions?
14. When during pregnancy do "false labor" contractions actually begin?

15. What term do we use to describe the "dropping" of the fetus down into the bony pelvis?
16. What term do we use to describe the first fetal movements felt by the mother?

MATERNITY NURSING

SECOND PART: LABOR AND DELIVERY

I. OVERALL OBJECTIVE

The nurse will be able to care for mother and child during labor and delivery.

II. SUB-OBJECTIVES

The nurse will be able to:

A. explain the nurse's role during labor.

B. explain the nurse's role during and cite possible complications of delivery.

C. describe the procedures for:

   1. clamping and cutting the cord
   2. suctioning the newborn
   3. installing eyedrops and administering other medications to the newborn
   4. administering oxygen to the baby
   5. measuring the newborn
   6. assuring proper identification of the child

D. describe the transferring of a selected patient from the delivery suite or recovery suite to the postpartum unit.

E. describe the transferring of the baby from the delivery room to the nursery.

III. EXPERIENCES

A. Classroom:

   1. Reviewing the mechanics and physiology of normal labor and delivery.

2. Discussing supportive nursing measures during labor.

B. Clinical:

1. Observation of patient admission to labor and delivery suites.
2. Observation of labor of a selected patient.
3. Accompanying selected patient to delivery room and remaining with her throughout delivery and into the recovery room.

C. Library:

1. Handouts: "Parturition Mastery Quiz"
2. References:

a. Allen, Shelly. "Nurse Attendance during Labor." _American Journal of Nursing_, June, 1964, p. 70.

b. Dickinson-Belskie. _Birth Atlas_. 6th ed. New York, Maternity Center Association, 1970.
Physiology of labor and delivery.

c. Flanagan, Geraldine Lux. _The First Nine Months of Life_. New York, Simon and Schuster, Inc., 1962.
Physiology of labor and delivery: pp. 82-92.

d. Lesser, Marion S., and Keane, Vern R. _Nurse-Patient Relationships in a Hospital Maternity Service._ St. Louis, Missouri, The C. V. Mosby Co., 1956.
Physiology of labor and delivery: Chapters V and VI.

e. Maternity Center Association. _A Baby is Born_. 3rd ed. New York, Grosset and Dunlap, 1964.
Physiology of labor and delivery: pp. 35-61.

f. Simmons, Leo. "Cultural Patterns in Childbirth." _American Journal of Nursing_, August, 1952, p. 989.

g. Ulin, Priscilla R. "Changing Techniques in Psychoprophylactic Preparation for Childbirth." _American Journal of Nursing_, December, 1968, p. 2587.

IV. PROFICIENCY ASSIGNMENT

The nurse will:

A. complete the "Parturition Mastery Quiz."

B. report on the labor and delivery of her selected patient.

PARTURITION MASTERY QUIZ

1. List the 3 signs indicating labor is about to begin or has started.

   a. ______________________________

   b. ______________________________

   c. ______________________________

2. List 3 danger signals which should be reported to the doctor during labor.

   a. ______________________________

   b. ______________________________

   c. ______________________________

3. Why is a woman frequently given only clear liquids or kept N.P.O. during labor? Give 2 reasons.

   a. ______________________________

   b. ______________________________

MATERNITY NURSING

THIRD PART: POSTPARTUM CARE

I. OVERALL OBJECTIVE

The nurse will be able to care for a maternity patient during the post-partum period.

II. SUB-OBJECTIVES

The nurse will be able to:

A. make an assessment of the patient's condition based on vital signs, fundus, lochia, episiotomy, and breasts.

B. provide daily care of the post-partum patient including observations and recordings of fundus, lochia, episiotomy, and breasts.

C. collect a urine specimen by catheterization and/or clean catch procedures.

D. assist a new mother during first contact with her infant child.

E. provide daily care of a selected C-section patient including observation and recording of I.V.'s, bed bath, catheter output, ambulation, dressing and removal of stitches.

III. EXPERIENCES

A. Classroom:

1. Reviewing Nursing Care during Puerperium.
2. Reviewing breast and bottle-feeding studies.
3. Observing classes (if available) for new mothers which help the mother learn how to care for her baby.

B. Clinical: On-site experiences with post-partum patients.

C. Library:

1. Handouts: none.

2. References:

   a. Hilliard, M. E. "New Horizons in Maternity Nursing." Nursing Outlook, July, 1967, p. 32.

   b. Lesser, Marion S., and Keane, Vern R. Nurse-Patient Relationships in a Hospital Maternity Service. St. Louis, Missouri, C. V. Mosby Co., 1956.
      Nursing care puerperium: Chapter VII and VIII.

   c. McLenahan, Irene G. "Helping the Mother who Has no Baby to Take Home." American Journal of Nursing, April, 1962, p. 70.

   d. Owens, Charlotte. "Parents' Response to Premature Birth." American Journal of Nursing, August, 1960, p. 1113.

   e. Pryor, Karen. Nursing Your Baby. New York, Harper and Row, 1963.
      Breast feeding

   f. Riker, Audrey P. "Successful Breast Feeding." American Journal of Nursing, October, 1960, p. 1443.

   g. Rubin, Reva. "Puerperal Change." Nursing Outlook, December, 1961, p. 753.

   h. Spock, Benjamin. Baby and Child Care. New York, Duell, Sloan, and Pearce, Inc., and New York Paperbooks.
      Bottle feeding

   i. Wiedenback, Ernestine. Family-Centered Maternity Nursing. New York, G. P. Putnam's Sons, 1958.
      Puerperium: Chapter IX.
      Nursing care puerperium: Chapter X.
      Breast feeding: pp. 307-17.

IV. PROFICIENCY ASSIGNMENT

After the nurse completes the readings and activities outlined in the objective of this module, she should request the Post-Partum Quiz from her instructor.

When she has completed the Post-Partum Quiz, she should review her answers with her instructor and proceed to the Nursery module of the Maternity Nursing series.

MATERNITY NURSING

FOURTH PART: NURSERY

I. OVERALL OBJECTIVE

The nurse will be able to provide care for the newborn in a hospital nursery.

II. SUB-OBJECTIVES

The nurse will be able to:

- A. describe the procedure for admitting the newborn to the nursery.
- B. provide daily bath and other care for the newborn.

III. EXPERIENCES

- A. Classroom:
  - 1. Reviewing normal fetal development.
  - 2. Reviewing changes in baby at birth.
  - 3. Reviewing care of newborn child.
- B. Clinical:
  - 1. Observing physician's examination of newborn.
  - 2. Observing circumcision and subsequent care.
  - 3. Determining Apgar rating of newborn.
- C. Library:
  - 1. Handouts: none.
  - 2. References:
    - a. Adams, M. R. "Early Concerns of Primigravida Mothers Regarding Infant Care Activities." Nursing Research, September, 1963, p. 72.

b. Canice, Margaret, Sister. "Circumcision of the Newborn." American Journal of Nursing, October, 1960, p. 72.

c. Case, Lynda L. "Ultrasound Monitoring of Mother and Fetus." American Journal of Nursing, April, 1972, pp. 725-7.

d. Countryman, Betty A. "Hospital Care of the Breast-Fed Newborn." American Journal of Nursing, December, 1971, pp. 1722-1724.

e. Drorhaugh, James. "Respiratory Distress in the Newborn Infants." American Journal of Nursing, December, 1956, p. 1559.

f. Newman, Doris, and Sutherland, James. "Diagnosing Hyline Membrane Disease." American Journal of Nursing, January, 1961, p. 72.

g. Wiedenback, Ernestine. Family-Centered Maternity Nursing, New York, G. P. Putnam's Sons, 1958.
Newborn: Chapter VIII.

h. "Babies Have Fathers, Too." American Journal of Nursing, October, 1971, pp. 1980-1981.

IV. PROFICIENCY ASSIGNMENT

The nurse will:

A. complete the "Post-Partum Mastery Quiz."

B. report on her care of a selected newborn.

POST-PARTUM MASTERY QUIZ

QUIZ ON POST-PARTUM PERIOD AND NEWBORN INFANT

1. List the kinds of lochia in the order they appear.

2. What is the usually preferred treatment to ease discomfort in the episiotomy site?

3. What is the one most important thing to do for the newborn once respirations are established?

4. Why does the breast-feeding infant usually require more frequent feeding than the bottle-feeding infant?

5. What is the usual care given to a circumcision?
6. What causes pseudo-menstruation in newborn girls?
7. What is the baby's first stool called?
8. What is considered the time period of normal involution?
9. How long following delivery must a mother wait for her milk to come in if she is nursing her baby?
10. Assuming that diapers are changed frequently, what is the best treatment for a newborn's irritated buttocks?
11. What effect do the oral contraceptives usually have on the nursing mother?

PSYCHIATRIC NURSING

I. OVERALL OBJECTIVE

The nurse will be able to assist in assessing a patient's psychiatric needs and in developing a Nursing Care Plan to meet those needs.

II. SUB-OBJECTIVES

The nurse will be able to:

A. identify the symptoms of psychiatric disorders in a selected patient;

B. identify the principles of anatomy and physiology which are related to the practice of psychiatric nursing;

C. identify the principles of growth and development that can be utilized in providing nursing care to the mentally ill patient;

D. describe the social adjustment of the mentally ill patient;

E. identify the reciprocal effects of family relationships related to the mental health status of the patient;

F. define terminology associated with mental health and mental illness;

G. differentiate predisposing factors from precipitating factors in the mentally ill patient;

H. describe communication skills utilized in a 1:1 nurse-patient relationship;

I. describe behavior responses of the patients

J. record behavioral responses of the patients;

K. describe ego defense mechanisms observed in patient behaviors;

L. describe chemotherapeutic treatments currently in use on a selected patient;

M. describe the principles of somatic therapy currently in use on a selected patient;

N. identify nursing problems in a selected patient;

O. assess the nursing needs according to the behavior of a selected patient;

P. describe proposed nursing actions to meet the expressed needs of a selected patient;

Q. implement the nursing actions to meet the expressed needs of a selected patient;

R. evaluate the nursing action in meeting the expressed needs of the patient;

S. describe proposed alternatives for meeting the expressed needs of a selected patient;

III. EXPERIENCES

A. Classroom:

1. Reviewing and discussing the content of modules on
    a. Growth and Development
    b. Psychosocial Adaptation and Personal Integration
2. Reviewing the anatomy and physiology of the brain and the central nervous system

3. Reviewing and discussing the theory of personality development in use in the hospital and/or institution in which the nurse is working.
4. Group discussion and review of Word Lists from Growth and Development and Psychosocial modules.
5. Group discussion of the basic assumptions of behavior.
6. Group discussion of clinical experiences, i.e., group therapy, AA meetings, therapeutic community meetings, treatment team meetings, patient staffing and any other clinical experiences made available to the student.
7. Reviewing and/or discussing any inservice classes conducted in the clinical facility which the student attends.
8. Role playing to practice communications in 1 to 1 contact with patients (use a tape recorder if available for self-evaluation and group discussion).
9. Individual and group preconference to discuss the students' goals for the day.
10. Daily post-conference to discuss and evaluate goals.
11. Group discussion of personality development, mental mechanisms, and behavior assessment.
12. Group formulation and discussion of model nursing care plans.

B. Laboratory:

   1. Educational: Audio-visuals

   2. Clinical: Care of a selected patient.

C. Library:

   1. Handouts: none.

   2. References:

      a. Bancroft, A. "Now She's A Disposition Problem." Perspectives in Psychiatric Care. No. 3, 1971, pp. 96-101.

      b. Burnside, I. M. "Gerontion: A Case Study." Perspectives in Psychiatric Care. No. 3, 1971, pp. 103-109.

      c. Burnside, Irene. "The Patient I Didn't Want." American Journal of Nursing, August, 1968, p. 1666.

      d. Bodie, M. "When a Patient Threatens Suicide." Perspectives in Psychiatric Care, No. 2, 1968, p. 76.

      e. Bieber, Irving, "Homosexuality." American Journal of Nursing, December, 1969.

      f. DeThomas, M. S. "Touch Power and the Screen of Loneliness." Perspectives in Psychiatric Care, No. 3, 1971, pp. 112-8.

      g. Gedan, Sharon, "This I Believe about Psychiatric Nursing Practice." Nursing Outlook, August, 1971, pp. 534-536.

      h. Gerber, C. B. and Snyder, D. F. "Language and Thought." Perspectives in Psychiatric Care, No. 5, 1970, pp. 230-7.

      i. "Hostility." Perspectives in Psychiatric Care, No. 4, 1969.

      j. Jackson, D. D. "Schizophrenia." reprint from Scientific American, August, 1965.

k. Kolb, L. Noyes' Modern Clinical Psychiatry
7th Edition. Philadelphia, Saunders, 1968.
Chapter 11: "Alcoholism and Alcoholic
Psychoses," pp. 193-210.
Chapter 29: "Personality Disorders,"
pp. 501-15.
Chapter 30: "Drug Addiction," pp. 516-25.

l. Mereness, D. Psychiatric Nursing: Understanding
the Nurse's Role in Psychiatric Patient Care,
Volume 2. Dubuque, Brown, 1966.
Grief and Grieving, pp. 8-18.
The Depressed Patient, pp. 62-5.
Loneliness, pp. 66-76.
Preventing Suicide, pp. 322-30.

IV. PROFICIENCY ASSIGNMENT

The nurse will care for a selected/assigned patient or patients under supervision of instructor and/or nursing personnel. (NOTE: The nurse should not make any independent decisions or alterations in nursing care plans; this must always be a team decision.)

APPENDIX

APPENDIX

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APPENDIX - SECTION I

Clinical Facility Checklist

Name of Facility________________________________

Address________________________________

Telephone Number________________________________

Administrator________________________________

Director of Nursing________________________________

Inservice or Education Supervisor________________________

Total Patient Capacity________________________________

Average Census________________________________

Area	Capacity	Observation only?	Student Experience
Medical			
Surgical			
Emergency Dept.			
Operating Rooms			
Recovery Room			
Intensive Care Unit			
Newborn Nursery			
Post-partum			
Delivery Rooms			
Pediatrics			
Extended Care			

APPENDIX - SECTION I (Continued)

Specific units that may be used for clinical experience:

Unit	Contact Person	Other Students	Team Nursing	Care Plans

How and when would facility like students to choose patients for clinical experience?_______________________________

Are there any procedures that refresher nurses cannot perform due to hospital or nursing policy?_______________________________

____

Classroom and teaching facilities

Classroom

Blackboard_____, erasers_____, chalk_____

Chairs with arms or chairs and table_____

16 mm. film projector_____

Screen_____

Trainex Filmstrips_____

Dukane projector_____

Library_____

May we have copies of the following for classroom use?

Hospital Policy Book_____

APPENDIX - SECTION I (Continued)

Nursing Procedure Book_____

Personnel Policies_____

Policy re starting I.V.'s_____

Incident Report_____

Policy on Blood Administration_____

Drug formulary_____

Other_____

Possible student relationships with (if available):

Person-Unit-Program	Relationship	Contact Person
Pharmacy		
Laboratory		
X-ray		
Dietitian		
Social Worker		
Central Supply		
Rehabilitation Program		
Occupational Therapy		
Physical Therapy		
Business Office		
Orientation Program		
In-Service Education Program		

Liability Insurance_______________________________

APPENDIX - SECTION I (Continued)

Meals for Refresher Nurses:

Available?_____

Cost?_____

Time?_____

Bring own lunch?_____

Where can they eat it?________________

Coffee breaks?_____

Will facility:

Order films?_____

Return films?_____

Furnish equipment and trays for demonstration?_____

Furnish blank requisitions and forms?_____

Be able to duplicate some materials?_____

Restrictions and/or limitations:___________________________

____

____

____

APPENDIX - SECTION II

Interview Guide

NAME____
(Last) (First) (Middle) (Maiden)

ADDRESS____
(Number) (Street) (City) (Zip Code)

TELEPHONE_______________ No. of License or Permit_______________

I. PERSONAL INFORMATION:

A. Birthdate_______________ (age)_________

B. Marital Status____________________

C. Family:

1. Number of children_____________ 2. Ages_____________

3. Other family responsibilities______________________

____

D. Any physical limitations?__________________________

If so, what?____

____

II. PROFESSIONAL INFORMATION:

A. Basic Nursing Education

1. Year of Graduation_______________

2. Type of Program____________________________________

3. Place____

B. Academic Degrees

1. Year conferred__________ 2. Place__________________

C. Total employment full-time as a nurse for pay?

Years______________ Months_______________

D. Total employment part-time as a nurse for pay?

Years______________ Months_______________

APPENDIX - SECTION II (Continued)

E. Military Service?____

F. At what level were you functioning during your last employment? (Private duty, general duty, head nurse, supervisor, teaching, other)____

____

G. What was your preferred area of employment? (Medical surgical, obstetrical, operating room, etc.)______________

____

H. How long has it been since you worked at all as a nurse for pay?____

I. Reasons for not working: Enter "1" by most important reason. If there is a second most important reason, enter "2" by that reason. If there is a third most important reason, enter "3" by that reason.

1. _____Employers could not utilize the working hours I could be available.
2. _____I could not make suitable arrangements for the care of my child or children.
3. _____The salary I would have earned would not have made it worthwhile.
4. _____I was not able to secure domestic help.
5. _____My health did not permit active nursing practice.
6. _____Uncertain about my return to nursing because I hadn't been in active practice for a while.
7. _____I preferred to be a homemaker.

8. ____My husband preferred that I not work.
9. ____I believe that a mother should be in the home while her children are young.
10. ____Other____

____

____

J. While inactive, were you able to attend any professional meetings?________________________

K. While inactive, was it possible for you to keep up with any professional reading?____________________

L. Why have you decided to return to nursing?______________

____

____

III. EMPLOYMENT FACTORS:

A. How soon do you intend to return to active nursing?______

B. In which field do you hope to work? (Hospital, Nursing Home, Private Duty, etc.)____________________

C. If you plan to work in a hospital, which clinical area? (Medical-surgical, operating room, obstetrical, etc.)

____

D. Which shift would you prefer to work?__________________

E. Do you plan to work Full time or Part time?______________

F. Are you available for week-end duty?__________________

G. What salary do you expect to receive?__________________

APPENDIX - SECTION II (Continued)

IV. COMMENTS:

Interviewed by____

Date____

APPENDIX - SECTION III

Master List of Instructional Materials

(Starred items are highly recommended.)
(Numbers in parentheses indicate sources as listed on pages 305-308.)

BOOKS:

*Cooper, Signe Skott. Contemporary Nursing Practice. 1970. (20)

*Dickens, Margaret L. Fluid and Electrolyte Balance. 1970. (14)

Kron, Thora. Communication in Nursing. (2nd Ed.), 1972. (31)

Williams, Sue Rodwell. Nutrition and Diet Therapy. 1969. (12)

*Breaking the Language Barrier. (45) (medical terms in various languages)

Metric Handbook for Hospitals. (21)

The Nurse's Guide to Lab Tests. (42)

Source Book for Nurses. (7)

CATALOGS:

"Books for the Nurse." (34)

*"Catalog of Audio-Visuals and Publications." (2)

"D.E.N.T.: Films and Video-Tapes for and by Nurses." (3)

"8mm Films in Medicine and Health Services." (41)

"Free and Inexpensive Materials for Use in Nursing Education." (42)

"NLN Publications Catalog." (24)

*"The Story of Health: A Catalog of Films and Publications." (28)

COURSES OF PROGRAMMED INSTRUCTION:

*Keane, Claire B. and Fletcher, Sybil M. Drugs and Solutions: A Programmed Instruction for Nurses. (2nd Ed.) 1970. (31)

"Anxiety--Recognition and Intervention." (2)

"Auto-Tutorial Course in Fundamentals of Nursing Care." (18)

Instructional Materials - Courses of Programmed Instruction (con.)

"Correcting Common Errors in Blood Pressure Measurement." (2)

"EKG Primer." (2)

"Intravenous Infusion of Vasopressors." (2)

"Nurses' Liability for Malpractice." (20)

"Pain, Part I: Basic Concepts and Assessment." (2)

"Pain, Part II: Rationale for Intervention." (2)

"Potassium Imbalance." (2)

"Programmed Course of Instruction: Diagnosis of Gonorrhea." (27)

"Programmed Instruction in Asepsis." (4)

"Recognizing Early Signs of Internal Hemorrhage." (2)

"Respiratory Tract Aspiration." (2)

"Understanding Hostility." (2)

FILMS:

"Age of Turmoil." (20b)
"Alcoholism: Disease in Disguise." (5)
"Balance in Action." (2)
"The Cry for Help." (23)
"Deposition: Just the Facts, Nurse." (2)
"Escape to Nowhere." (2)
"Everybody's Prejudiced." (23)
"Eye of the Beholder." (2)
"Feelings of Hostility." (20a)
"Feelings of Rejection." (20a)
"Hospital Sepsis." (2)
"Innovations of Transfusion Therapy." (6)
"Intravenous Fluid Infusion--Basic Theory and Practice." (1) and (2)
"The Lonely Night." (23)
"Looking at Children." (22)
"The Menopause: Its Significance and Management." (32)
"Mr. Finley's Feelings." (22)

Instructional Materials - Films (con.)

"Mrs. Reynolds Needs a Nurse." (2) (33)

"The Nurse, the Physician, the Hospital, and the Law." (30)

"Nursing Management of the Patient with Cancer." (7)
"Paranoid Schizophrenia." (20a)
"Prescription for Life." (16)

"Quiet Victory." (2)

"The Role of Nursing in Infection Control." (2)

"Second Chance." (2)

"The Special Universe of Walter Krolik." (26)

"Stress and the Adaptation Syndrome." (27)

"Ulcer at Work." (23)

"Understanding Diabetes." (2)
"Watching Children Grow." (22)

FILMSTRIPS:

Concept Media Filmstrips (10)

Trainex Filmstrips (40)

REPRINTS AND BROCHURES:

"Battered Child Law." (37)

"Bladder Care." (29)

"Can Mental Illness be Prevented?" (23)

"Career Ladder Concept." (37)

"Catheterization." (29)

"Certification." (37)

"Code for Nurses." (37)

"Do It Yourself Again." (16)

Instructional Materials - Reprints and Brochures (con.)

"Elementary Rehabilitation Nursing Care." PHS Pub. #1436 (38)

"Emergency Measures in Cardiopulmonary Resuscitation." (16)

"Fluid and Electrolytes." (1)

"Good Samaritan Law." (37)

"Group Dynamics in the Planning Care Conference." (28)

"Growing and Learning." (22)

"A Guide for the Diabetic." (13)

"Guide to Parenteral Fluid Therapy." (19)

"Heart Attack." (16)

"Heart Puzzle." (16)

"How to Deal with Your Tensions." (23)

"How to Give an Intramuscular Injection." (27)

"If You Have Diabetes." (27)

"Information at a Glance." (13)

"Intravenous Technique." (27)

"Introduction to Nursing Care Plan." (28)

"Introduction to Respiratory Diseases." (26)

"I.V. Therapy." (6)

"I Won't! I Won't!" (22)

"Joint Statements on Acute Cardiac Care and Administration of I.V. Fluids and Blood." (37)

"Law Regulating the Practice of Nursing." (35)

"Managing Your Colostomy." (17)

"Managing Your Ileostomy." (17)

*MEDLARS (Medical Literature Analysis and Retrieval System) Reprints (25)

Instructional Materials - Reprints and Brochures (con.)

"Memo to Parents about Immunizations." (22)

"My Name is Margaret and I Want to Explain to You about Vaccinations." (36)

"Needlepoints." (11)

"The Nurse's Role in Cardiopulmonary Resuscitation." (16)

"Parenteral Administration." (1)

"Peritoneal Dialysis." (19)

"Philosophy of Team Nursing." (28)

"Planning Team Assignments." (28)

"A Position Paper on Nursing Practice." (37)

"The Respiratory System." (26)

"Solution Administration Sets - Conversion Chart." (19)

"Stress." (22)

"Strike Back at Stroke." (16)

"Understanding the Management of Congestive Heart Failure." PHS Pub. #1048 (38)

"What Every Nurse Should Know about Menopause and Post-Menopause." (5)

"What Everyone Should Know about Mental Health." (8) (23)

"The Worry-Go-Round." (11)

"You and Diabetes." (43)

TAPES:

Dial-a-tape (if available from your local Regional Medical Program).

VIDEOTAPES:

"The Concept and the Skill." (44)

APPENDIX - SECTION III (Continued)

Master List of Instructional Materials - Sources

1. ABBOTT LABORATORIES
   Public Relations Department
   North Chicago, Illinois 60064

2. AMERICAN JOURNAL OF NURSING COMPANY
   Educational Services Division
   10 Columbus Circle
   New York, New York 10019

3. APPLETON-CENTURY-CROFTS
   Education Division - Nursing Film Library
   440 Park Avenue South
   New York, New York 10016

4. ARBROOK, INC.
   Arlington, Texas 76010

5. AYERST LABORATORIES
   685 Third Avenue
   New York, New York 10017

6. BAXTER LABORATORIES, INC.
   Morton Grove, Illinois 60053

7. CANCER SOCIETY
   (contact your local representative)

8. CHANNING L. BETE COMPANY, INC.
   Greenfield, Massachusetts 01301

9. CLINICAL CENTER INFORMATION OFFICE
   National Institutes of Health
   Bethesda, Maryland 20014

10. CONCEPT MEDIA
    1500 Adams Avenue
    Costa Mesa, California 92626

11. CONNECTICUT MUTUAL LIFE INSURANCE COMPANY
    (contact your local representative)

12. C. V. MOSBY
    St. Louis, Missouri

13. ELI LILLY
    Indianapolis, Indiana 46206

14. F. A. DAVIS
Philadelphia, Pennsylvania

15. HARPER AND ROW, PUBLISHERS, INC.
10 E. 53rd Street
New York, New York 10022

16. HEART ASSOCIATION
(contact your local representative)

17. HOLLISTER, INC.
211 East Chicago Avenue
Chicago, Illinois 60611

18. LIPPINCOTT LEARNING SYSTEMS
P.O. Box 7758
Philadelphia, Pennsylvania 19101

19. MCGAW LABORATORIES
Glendale, California 91201
or
Milledgeville, Georgia 31061

20a. MCGRAW-HILL BOOK COMPANY
8171 Redwood Highway
Novado, California 94947

20b. MCGRAW-HILL PUBLICATIONS
1221 Avenue of the Americas
New York, New York 10020

21. METRIC ASSOCIATION, INC.
2004 Ash Street
Waukegan, Illinois 60085

22. METROPOLITAN LIFE INSURANCE COMPANY
(contact your local representative)

23. NATIONAL ASSOCIATION FOR MENTAL HEALTH, INC.
10 Columbus Circle
New York, New York 10019

24. NATIONAL LEAGUE FOR NURSING
10 Columbus Circle
New York, New York 10019

25. NATIONAL LIBRARY OF MEDICINE
Office of Public Information
8600 Rockville Pike
Bethesda, Maryland 20014

26. NATIONAL T.B. AND RESPIRATORY ASSOCIATION
1740 Broadway
New York, New York 10019
(also check local sources)

27. PFIZER LABORATORIES
235 East 42nd Street
New York, New York 10017
Medical Film Library
267 W. 25th Street
New York, New York 10001

28. PHARMACEUTICAL MANUFACTURERS ASSOCIATION
Public Relations Division
1155 15th Street, N.W.
Washington, D.C. 20005

29. PHARMASEAL LABORATORY
1015 Grandview Avenue
Glendale, California 91201

30. ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
c/o Association Films
25358 Cypress Avenue
Hayward, California 94544

31. SAUNDERS, W. B.
West Philadelphia Square
Philadelphia, Pennsylvania 19105

32. SCHERING MEDICAL FILMS
Audio-Visual Department
60 Orange Street
Bloomfield, New Jersey

33. SMITH, KLINE, & FRENCH LABORATORIES
Film Center, SK & F Service Department
1500 Spring Garden Street
Philadelphia, Pennsylvania 19101

34. STACEY'S SCIENTIFIC AND PROFESSIONAL BOOK CENTER
581 Market Street
San Francisco, California 94105

35. STATE BOARD OF NURSING
(contact your local representative)

36. STATE HEALTH DEPARTMENT
(contact your local representative)

37. STATE NURSES' ASSOCIATION
(contact your local representative)

38. SUPERINTENDENT OF DOCUMENTS
U.S. Government Printing Office
Washington, D.C. 20402

39. TRAINAID
229 North Central, Room 307
Glendale, California 91203

40. TRAINEX CORPORATION
P.O. Box 116
Garden Grove, California 92642

41. UNIVERSITY OF NEBRASKA MEDICAL CENTER
42nd and Dewey Avenue
Omaha, Nebraska 68105

42. UNIVERSITY OF WISCONSIN
The Bookstore
University Extension
432 North Lake Street
Madison, Wisconsin 53706

43. UPJOHN
7000 Portage Road
Kalamazoo, Michigan

44. VIDEO NURSING, INC.
2834 Central Street
Evanston, Illinois 60201

45. WARNER-CHILCOTT
Morris Plains, New Jersey 07950

APPENDIX - SECTION IV

INDIVIDUAL RECORD FORM

NAME______________________________ AGE__________

ADDRESS____________________________ PHONE__________

MARITAL STATUS__________ NO. OF CHILDREN__________

PHYSICAL LIMITATIONS________________________

YEARS INACTIVE IN NURSING________________________

BASIC NURSING EDUCATION________________________

ATTENDANCE RECORD (record days absent)	MODULE COMPLETION (circle completions) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 0-1 0-2 0-3 0-4

PARTICIPATION IN CLASS DISCUSSION________________________

ANECDOTAL COMMENTS________________________

APPENDIX - SECTION V
R. N. REFRESHER PROGRAM
PERFORMANCE EVALUATION FORM

NAME____________________ DATE____________________

	INADEQUATE	SATISFACTORY	COMMENDABLE	EXAMPLES OF BEHAVIOR
Interpersonal Relationships				
Patients				
Co-Workers				
Organization of Work				
Clinical Knowledge and Judgement				
Performance of Procedures				
Commitment or Conscientiousness				
Teaching Ability				
Patient Teaching				
Teaching of Staff				

STUDENT SIGNATURE____________________

COMMENTS:____________________

INSTRUCTOR SIGNATURE____________________

COMMENTS:____________________

APPENDIX - SECTION VI

SELF-EVALUATION GUIDE
(Skill Inventory)

Name____

Date of graduation from school of nursing____________________

Length of time inactive in nursing_________________________

Instructions: The following list represents examples of responsibilities, techniques and skills that a nurse may use in giving patient care. Careful checking of the list will assist us in planning the content of the course and arranging for practice. Please check the appropriate column.

Nursing Care Activities	Have Never Done	Need Review of Skill	Can Perform Without Review
Skills and Procedures			
Ace bandages			
Bath and personal hygiene			
Binders:			
Breast			
Scultetus			
"T"			
Catheterization:			
Insertion of straight catheter			
Insertion of Foley catheter			
Removal of Foley catheter			
Sterile specimen			
Cold applications:			
Compress			
Ice cap			
Dressings:			
Dry sterile			
Wet sterile			
Colostomy			

Nursing Care Activities	Have Never Done	Need Review of Skill	Can Perform Without Review
Enemas:			
Soapsuds			
Medicated			
Packaged			
Gastric feeding			
Heat applications:			
Compresses			
Hot water bottle			
Heat lamp			
"K" pad			
Infection control:			
Hand washing			
Dust management			
Handling of soiled items			
Isolation technique			
Inhalations: humidity			
Steam			
Aerosol and other drugs			
Intermittent positive pressure			
Intravenous therapy:			
Starting, or assisting with			
Adding bottles			
Regulating rate of flow			
Discontinuing			
Working with transfusions			
Irrigations:			
Bladder			
Colostomy			
Gastrostomy tube			
Nasal-gastric tube			
Wound			
Medications:			
Apothecary system			
Metric system			
Oral administration			
Intramuscular injection			
Subcutaneous injection			
Installation:			
Ear drops			
Eye drops			
Nose drops			
Suppository			

APPENDIX - SECTION VI (Continued)

Nursing Care Activities	Have Never Done	Need Review of Skill	Can Perform Without Review
Oxygen therapy:			
Nasal oxygen			
Tent			
Mask			
Respirators:			
Bennett			
Bird			
Restraints:			
Limb			
Chest			
Posey belts			
Side rails			
Skin preparations, preoperative			
Specimens, collection of:			
Urine			
Single			
24-hour			
Clean, voided urine			
Stool			
Sputum			
Suction:			
Chest			
Gastric			
Nasopharyngeal			
Oral			
Tracheal			
Tracheal, through tracheostomy			
Vital signs:			
Temperature			
Pulse			
Respiration			
Blood pressure			
Apical pulse			
Venous pressure			
Assistance with Diagnostic Tests and Special Procedures			
B.M.R.			
Gastric analysis			
Glucose tolerance			
Liver biopsy			
Lumbar puncture			

APPENDIX - SECTION VI (Continued)

Nursing Care Activities	Have Never Done	Need Review of Skill	Can Perform Without Review
Paracentesis			
Thoracentesis			
Pelvic examination			
Pap smear			
Protein-bound iodine uptake			
P.S.P.			
Rectal examination			
Urea clearance			
Radiology, special preparation for:			
G.I. series			
Gall bladder			
Other			
Special Procedures and Equipment:			
Alternating pressure mattress			
Casts			
Circ-O-lectric bed			
Crutch walking			
External cardiac massage			
Hypo-hyperthermy machine			
Lifts			
Monitors			
Mouth-to-mouth resuscitation			
Pacemaker			
Passive exercise			
Stryker frame			
Traction			
Team Leader Role			
Assessing patient needs			
Assigning work to auxilliary personnel			
Developing a care plan as a group			
Directing a patient care conference			
Supervising others in giving care			
Evaluating care			
Teaching health			
Teaching team members			

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APPENDIX - SECTION VII

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Bloom, Benjamin S. "Learning for Mastery." *UCLA Evaluation Comment*, May, 1968.

Bloom, Benjamin S. *Taxonomy of Educational Objectives: Handbook I. Cognitive Domain*. David McKay Co., Inc., New York: 1956.

Bloom, Benjamin S. *Taxonomy of Educational Objectives: Handbook II. Affective Domain*. David McKay Co., Inc., New York: 1968.

Bloom, Benjamin S. *Learning for Mastery*: University of Chicago, Vol. 1, No. 2, May, 1968.

Bruner, Jerome S. *The Process of Education*. Vintage Books. 1963.

Cleland, Virginia, et al. Decision to Reactivate Nursing Career. *Nursing Research*, September-October, 1970, Vol. 19, No. 5, pp. 446-451.

Corona, Dorothy F. "A Continuous Progress Curriculum in Nursing." *Nursing Outlook*, January, 1970, pp. 46-48.

Gagne, Robert M. "Some New Views of Learning and Instruction." *Phi Delta Kappan*, May, 1970, pp. 468-472.

Johnson, Stuart R. and Rita B. *Developing Individualized Instructional Material*. Validation Edition, Westinghouse Learning Press, California, 1970.

Johnson, Stuart R. and Rita B. *Introduction to Instructional Reorganization Series*. Regional Education Laboratory for the Carolinas and Virginia.

Little and Carnevali. *Nursing Care Planning*. J. B. Lippincott Co., Pennsylvania, 1969.

Mager, Robert, Ph.D. *Preparing Instructional Objectives*. Fearon Publishers, Inc., California, 1962.

Pavalko, R. M. Recruitment to Nursing. Some research findings, *Nursing Research*, January-February, 1969, Vol. 18, pp. 72-76.

APPENDIX - SECTION VIII

NURSING HISTORY

CHECK WRIST BAND ____

HOW ARRIVED __________

____

NAME ______________________________ DATE ______ HOSPITAL # ____
(Last) (First) (Nickname)

AGE ____ SEX ____ RACE ______________ RELIGION ____________________

WEIGHT _____ HEIGHT _______ MARITAL STATUS ______________________

OCCUPATION ______________________ EDUCATION ____________________

NUMBER OF CHILDREN ___________________ AGES: ___________________

NEAREST OF KIN ___________________ ADDRESS: ____________________

ONE OTHER CLOSE RELATIVE OR FRIEND ____________________________

ADDRESS: ______________________ PERMANENT ADDRESS: ______________

____

THE REASON FOR ADDRESS AS STATED BY PATIENT: _____________________

____

NUMBER OF PREVIOUS HOSPITALIZATIONS __________ WHERE? ___________

____

MEDICAL HISTORY

Medication: Did you bring medication? _____ If so, what? _________

Are you taking medication? _____ If so, what? __________________

____

Allergies: Drugs _______ Foods ________ Cortisone ____________

Details: ____

____

Past illness or surgery: _______________________________________

Are you currently under treatment for any other reason? ________

____

NURSING HISTORY (Continued)

Family history: Anyone in family background have:

Diabetes____ T.B.____ Heart Disease____ Mental Illness____

Eye Disease____

Pertinent comments by patient:____

____

PERSONAL HISTORY

Do you smoke?______ If so, how much?_____________________________

If not, comments____

Alcohol?____

Hobbies & Recreation?____

____

Prosthesis? Dentures____ Bridge____ Artificial Eye____ Glasses___

Hearing Aid____ Wig or Toupee____ Artificial Limbs____

Contact Lens____

Language spoken at home____

BASIC NEEDS

Eating preferences____

Bathing____

Sleeping - position____

Elimination

Bowel: Regular?____ When?____

Bladder: Any problem?____

Adaption to any physical handicaps:_______________________________

____

Any questions or comments?____

____

NURSING HISTORY (Continued)

Expectation of hospital stay:______________________________

____

____

Observation and evaluation by Nurse:________________________

____

____

Nursing goals:____

____

____

Nursing actions:____

____

____

Re-evaluation:____

____

____

____